



Increasing the risk of  
Peripheral Arterial Disease

# Diabetes stacks the odds against microcirculatory flow

In diabetes, atherosclerotic changes occur above *and* below the knee, often involving smaller vessels and multisegmental occlusions.<sup>1</sup> Diabetes has also been associated with decreased red cell flexibility, and increasing fibrinogen levels, platelet aggregation and platelet adherence, factors which predispose patients to peripheral arterial disease.<sup>1</sup>

Duration of Diabetes	Incidence of PAD
10 years	15%
20 years	45%



**Now Medi-Cal  
approved**  
for patients with diabetes  
who have been diagnosed as having  
intermittent claudication  
Drug Type Code: 5041AHE

# Trental<sup>®</sup> improves microcirculatory flow and lifestyle for many diabetics with PAD

Trental<sup>®</sup> (pentoxifylline) increases red cell flexibility<sup>2</sup> while decreasing elevated plasma fibrinogen levels,<sup>3</sup> aggregation of platelets<sup>4</sup> and red cells.<sup>5</sup> The resulting increase in microcirculatory flow enhances tissue perfusion and oxygenation.<sup>6</sup>

With Trental, patients experience significant improvement in pain-free walking distance, paresthesia, skin temperature and subjective overall response.<sup>7</sup>

Not a vasodilator • Not an anticoagulant • Not related to aspirin or dipyridamole

**Trental<sup>®</sup>** 400 mg Tablets  
(pentoxifylline)



**The only proven-effective agent for intermittent claudication,  
a symptom of peripheral arterial disease**

Please see references and brief summary of prescribing information on following page.

Trental<sup>®</sup> can improve function and symptoms, but is not intended to replace more definitive therapy, such as surgery.

## References:

1. Levin ME, Sicard GA: Evaluating and treating diabetic peripheral vascular disease. Part 1. *Clinical Diabetes* May/June 1987; 2. Stormer B, Kleinschmidt K, Loose D, et al.: Rheological changes in the blood of patients with chronic arterial occlusive disease after the administration of vasoactive drugs. *Curr Med Res Opin* 1977;4:588-595. 3. Perego MA, Sergio G, Artale F: Haemorrhological aspects of the pathophysiology and clinical features of peripheral occlusive arterial disease. *Pharmatherapeutica* 1983;3(1):91. 4. Seiffge D: *JRCS Med Sci* 1980;8:727.
5. Lowe GDO, Drummond MM, Forbes CD, et al: Blood and plasma viscosity in prediction of venous thrombosis. Abstracts: 77, International Symposium on Filterability and Red Blood Cell Deformability, Göteborg, Sweden, Sep 11-13, 1980.
6. Ehrly AM: Effects of orally administered pentoxifylline on muscular oxygen pressure in patients with intermittent claudication. *JRCS Med Sci* 1982;10:401.
7. Schubotz R: Double-blind trial of pentoxifylline in diabetes with peripheral vascular disorders. *Pharmatherapeutica* 1976;1(3):172-179.

**Trental®** (pentoxifylline) Tablets, 400 mg

A brief summary of the Prescribing Information follows.

## INDICATIONS AND USAGE:

Trental® (pentoxifylline) is indicated for the treatment of patients with intermittent claudication on the basis of chronic occlusive arterial disease of the limbs. Trental® (pentoxifylline) can improve function and symptoms but is not intended to replace more definitive therapy, such as surgical bypass, or removal of arterial obstructions when treating peripheral vascular disease.

## CONTRAINDICATIONS:

Trental® (pentoxifylline) should not be used in patients who have previously exhibited intolerance to this product or methylxanthines such as caffeine, theophylline, and theobromine.

## PRECAUTIONS:

**General:** Patients with chronic occlusive arterial disease of the limbs frequently show other manifestations of arteriosclerotic disease. Trental® (pentoxifylline) has been used safely for treatment of peripheral arterial disease in patients with concurrent coronary artery and cerebrovascular diseases, but there have been occasional reports of angina, hypotension, and arrhythmia. Controlled trials do not show that Trental® (pentoxifylline) causes such adverse effects more often than placebo, but, as it is a methylxanthine derivative, it is possible some individuals will experience such responses.

**Drug Interactions:** Although a causal relationship has not been established, there have been reports of bleeding and/or prolonged prothrombin time in patients treated with Trental® (pentoxifylline) with and without anticoagulants or platelet aggregation inhibitors. Patients on warfarin should have more frequent monitoring of prothrombin times, while patients with other risk factors complicated by hemorrhage (e.g., recent surgery, peptic ulceration) should have periodic examinations for bleeding including hematocrit and/or hemoglobin. Trental® (pentoxifylline) has been used concurrently with antihypertensive drugs, beta blockers, digitalis, diuretics, antidiabetic agents, and antiarrhythmics, without observed problems. Small decreases in blood pressure have been observed in some patients treated with Trental® (pentoxifylline); periodic systemic blood pressure monitoring is recommended for patients receiving concomitant antihypertensive therapy. If indicated, dosage of the antihypertensive agents should be reduced.

**Carcinogenesis, Mutagenesis and Impairment of Fertility:** Long-term studies of the carcinogenic potential of pentoxifylline were conducted in mice and rats by dietary administration of the drug at doses up to approximately 24 times (570 mg/kg) the maximum recommended human daily dose (MRHD) of 24 mg/kg for 18 months in mice and 18 months in rats with an additional 6 months without drug exposure in the latter. No carcinogenic potential for pentoxifylline was noted in the mouse study. In the rat study, there was a statistically significant increase in benign mammary fibroadenomas in females in the high dose group (24 x MRHD). The relevance of this finding to human use is uncertain since this was only a marginal statistically significant increase for a tumor that is common in aged rats. Pentoxifylline was devoid of mutagenic activity in various strains of *Salmonella* (Ames test) when tested in the presence and absence of metabolic activation.

**Pregnancy:** Category C. Teratogenic studies have been performed in rats and rabbits at oral doses up to about 25 and 10 times the maximum recommended human daily dose (MRHD) of 24 mg/kg, respectively. No evidence of fetal malformation was observed. Increased resorption was seen in rats at 25 times MRHD. There are, however, no adequate and well controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, Trental® (pentoxifylline) should be used during pregnancy only if clearly needed.

**Nursing Mothers:** Pentoxifylline and its metabolites are excreted in human milk. Because of the potential for tumorigenicity shown for pentoxifylline in rats, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

**Pediatric Use:** Safety and effectiveness in children below the age of 18 years have not been established.

## ADVERSE REACTIONS:

Clinical trials were conducted using either controlled-release Trental® (pentoxifylline) tablets for up to 60 weeks or immediate-release Trental® (pentoxifylline) capsules for up to 24 weeks. Dosage ranges in the tablet studies were 400 mg bid to tid and in the capsule studies, 200-400 mg tid. The table summarizes the incidence (in percent) of adverse reactions considered

drug related, as well as the numbers of patients who received controlled-release Trental® (pentoxifylline) tablets, immediate-release Trental® (pentoxifylline) capsules, or the corresponding placebos. The incidence of adverse reactions was higher in the capsule studies (where dose related increases were seen in digestive and nervous system side effects) than in the tablet studies. Studies with the capsule include domestic experience, whereas studies with the controlled-release tablets were conducted outside the U.S. The table indicates that in the tablet studies few patients discontinued because of adverse effects.

## INCIDENCE (%) OF SIDE EFFECTS

	Controlled-Release Tablets		Immediate-Release Capsules	
	Commercially Available Trental®	Placebo	Used only for Controlled Clinical Trials Trental®	Placebo
(Numbers of Patients at Risk)	(321)	(128)	(177)	(138)
Discontinued for Side Effect	3.1	0	9.6	7.2
<b>CARDIOVASCULAR SYSTEM</b>				
Anginal/Chest Pain	0.3	—	1.1	2.2
Arrhythmia/Palpitation	—	—	1.7	0.7
Flushing	—	—	2.3	0.7
<b>DIGESTIVE SYSTEM</b>				
Abdominal Discomfort	—	—	4.0	1.4
Belching/Flatulence/Bloating	0.6	—	9.0	3.6
Diarrhea	—	—	3.4	2.9
Dyspepsia	2.8	4.7	9.6	2.9
Nausea	2.2	0.8	28.8	8.7
Vomiting	1.2	—	4.5	0.7
<b>NERVOUS SYSTEM</b>				
Agitation/Nervousness	—	—	1.7	0.7
Dizziness	1.9	3.1	11.9	4.3
Drowsiness	—	—	1.1	5.8
Headache	1.2	1.6	6.2	5.8
Insomnia	—	—	2.3	2.2
Tremor	0.3	0.8	—	—
Blurred Vision	—	—	2.3	1.4

Trental® (pentoxifylline) has been marketed in Europe and elsewhere since 1972. In addition to the above symptoms, the following have been reported spontaneously since marketing or occurred in other clinical trials with an incidence of less than 1%; the causal relationship was uncertain:

Cardiovascular—dyspnea, edema, hypotension.  
Digestive—anorexia, cholecystitis, constipation, dry mouth/thirst.  
Nervous—anxiety, confusion.  
Respiratory—epistaxis, flu-like symptoms, laryngitis, nasal congestion.  
Skin and Appendages—brittle fingernails, pruritus, rash, urticaria, angioedema.  
Special Senses—blurred vision, conjunctivitis, earache, scotoma.  
Miscellaneous—bad taste, excessive salivation, leukopenia, malaise, sore throat/swollen neck glands, weight change.

A few rare events have been reported spontaneously worldwide since marketing in 1972. Although they occurred under circumstances in which a causal relationship with pentoxifylline could not be established, they are listed to serve as information for physicians: Cardiovascular—angina, arrhythmia, tachycardia; Digestive—hepatitis, jaundice, increased liver enzymes; and Hematologic and Lymphatic—decreased serum fibrinogen, pancytopenia, aplastic anemia, purpura, thrombocytopenia.

## OVERDOSAGE:

Overdosage with Trental® (pentoxifylline) has been reported in children and adults. Symptoms appear to be dose related. A report from a poison control center on 44 patients taking overdoses of enteric-coated pentoxifylline tablets noted that symptoms usually occurred 4-5 hours after ingestion and lasted about 12 hours. The highest amount ingested was 80 mg/kg; flushing, hypotension, convulsions, somnolence, loss of consciousness, fever, and agitation occurred. All patients recovered.

In addition to symptomatic treatment and gastric lavage, special attention must be given to supporting respiration, maintaining systemic blood pressure, and controlling convulsions. Activated charcoal has been used to adsorb pentoxifylline in patients who have overdosed.

## DOSAGE AND ADMINISTRATION:

The usual dosage of Trental® (pentoxifylline) in controlled-release tablet form is one tablet (400 mg) three times a day with meals.

While the effect of Trental® (pentoxifylline) may be seen within 2 to 4 weeks, it is recommended that treatment be continued for at least 8 weeks. Efficacy has been demonstrated in double-blind clinical studies of 6 months duration. Digestive and central nervous system side effects are dose related. If patients develop these side effects it is recommended that the dosage be lowered to one tablet twice a day (800 mg/day). If side effects persist at this lower dosage, the administration of Trental® (pentoxifylline) should be discontinued. Edition 2/88 Trental® REG TM HOECHST AG

Hoechst-Roussel Pharmaceuticals Inc.  
Somerville, New Jersey 08876-1258

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**Trental®** 400 mg Tablets  
(pentoxifylline)

The only proven-effective agent for intermittent claudication, a symptom of peripheral arterial disease



The  
results  
are worth  
waiting for.

**Patience pays off  
when you start a patient  
on Trental®**

Trental® therapy can make a dramatic difference to your patients – increasing their mobility and independence, enhancing their participation in social and professional activities, and giving them a fresh outlook on life. But, the physical improvement behind these benefits doesn't happen overnight. It's a gradual process.

**3x3=success  
with Trental® treatment**

To start patients off on the right foot with Trental®, follow the 3x3 formula for success.

**3 tablets a day,  
with meals**

The usual dosage of Trental® is one 400 mg tablet taken 3 times a day, with a full meal.

**3-month initial trial,  
evaluate, then continue**

While patients might feel somewhat better within weeks, at least 3 months' therapy is generally required before the full effectiveness of Trental® becomes evident. To sustain improvement, therapy must be continued.



**Trental®**  
(pentoxifylline)  
400 mg  
Tablets

The only proven-effective agent  
for intermittent claudication—a symptom  
of peripheral arterial disease

# Wells Fargo Comes Through Then.



The name Levi Strauss appears as a courtesy of Levi Strauss & Company.

**I**n early California, it took more than good intentions for small business to survive.

Often it took the resources and personal service of a Wells Fargo agent. If, for example, a merchant ran out of work pants, our agent could refer him to a gentleman named Levi Strauss who was always ready to fill an order for those copper-riveted denim pants.

The agent would even wire the order and see that it arrived promptly by Wells Fargo Express.

Today our agents are called Wells Fargo Business Bankers.™ And they're still coming through for every Wells Fargo small business customer.

Your Business Banker can provide access to financial resources that go far beyond those of less substantial banks. Including a wide range of financial products

specifically designed for California small business. (After all, you've got enough to do without worrying about merchant cards and lines of credit and payroll and retirement programs.)

Along with the expertise of a banker who'll be there whenever you have a problem to solve or opportunity to profit from, you'll enjoy proven 24-hour person-to-person phone service. Plus longer, more convenient office hours to meet the needs of small business. Even on Saturdays.

If you'd like to sit down with a Wells Fargo Business Banker, simply call our Business Banking Hotline at 1-800-642-BANK, ext. 504. Let us know when it would be convenient for you.

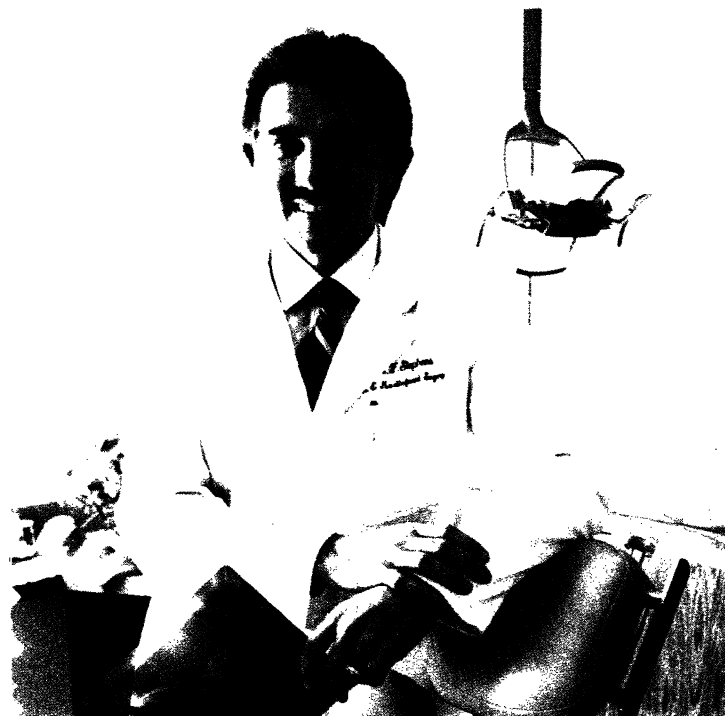
Or talk to your local Wells Fargo office.  
Wells Fargo comes through again.



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Her anxiolytic  
is working—  
but she's alert,  
functioning, and  
at no risk of a  
benzodiazepine  
withdrawal  
syndrome when  
therapy ends.



That's  
**Efficacy!**

**BuSpar relieves anxiety and returns  
your patient to normal activity**

...with no more sedation (10%) than induced by placebo (9%)<sup>1</sup>  
...without inducing significant cognitive<sup>2</sup> or functional impairment\*  
...without producing a benzodiazepine withdrawal syndrome<sup>3</sup>  
upon discontinuation

*Effective choice for anxiety*

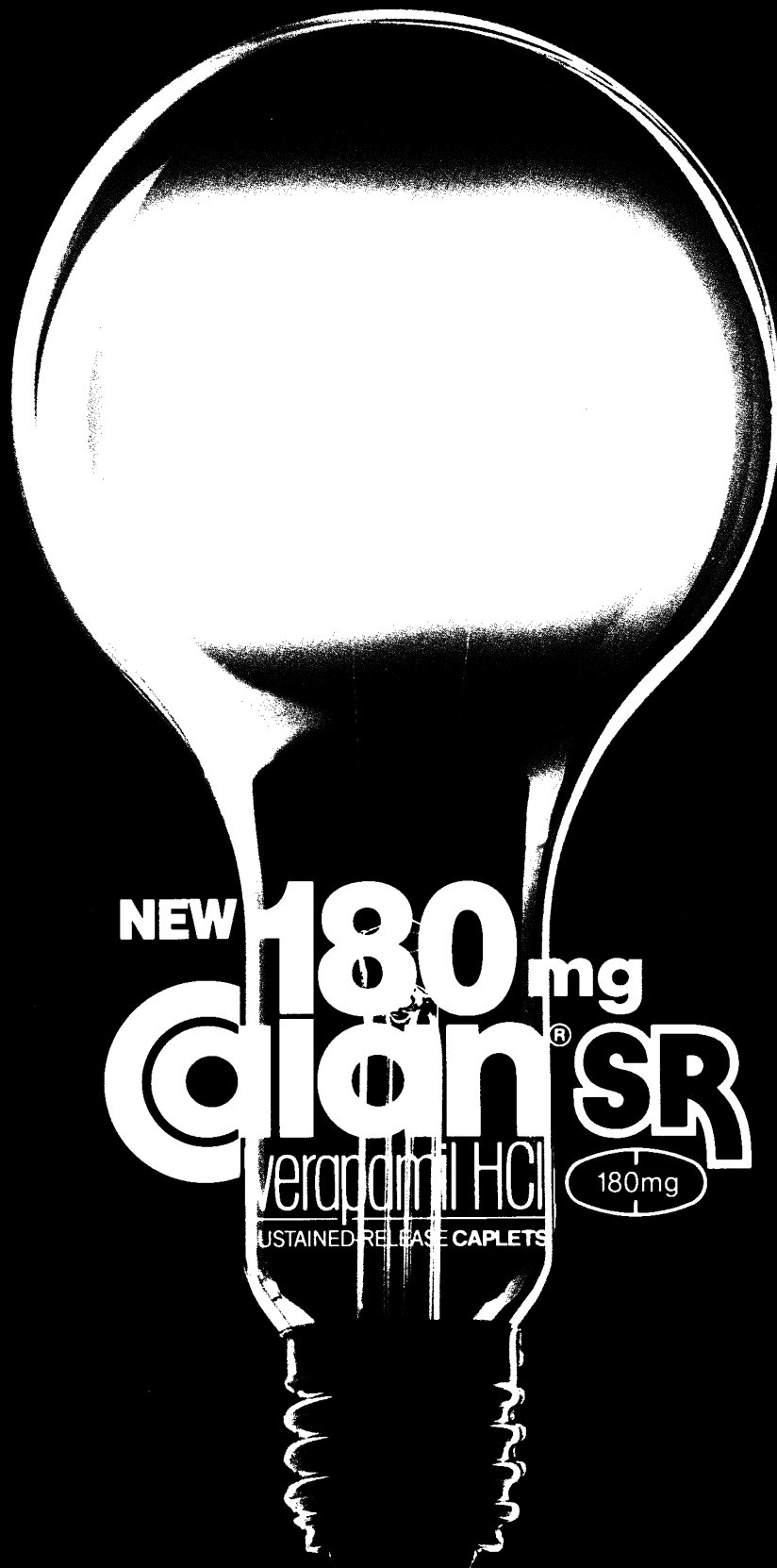
**BuSpar<sup>®</sup>**  
Tablets, 5 mg and 10 mg  
**(buspirone HCl)**

*for a different kind of calm*

\*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

For Brief Summary, please see following page.

INTRODUCING  
A BRIGHT NEW IDEA...  
IN MILD TO MODERATE HYPERTENSION

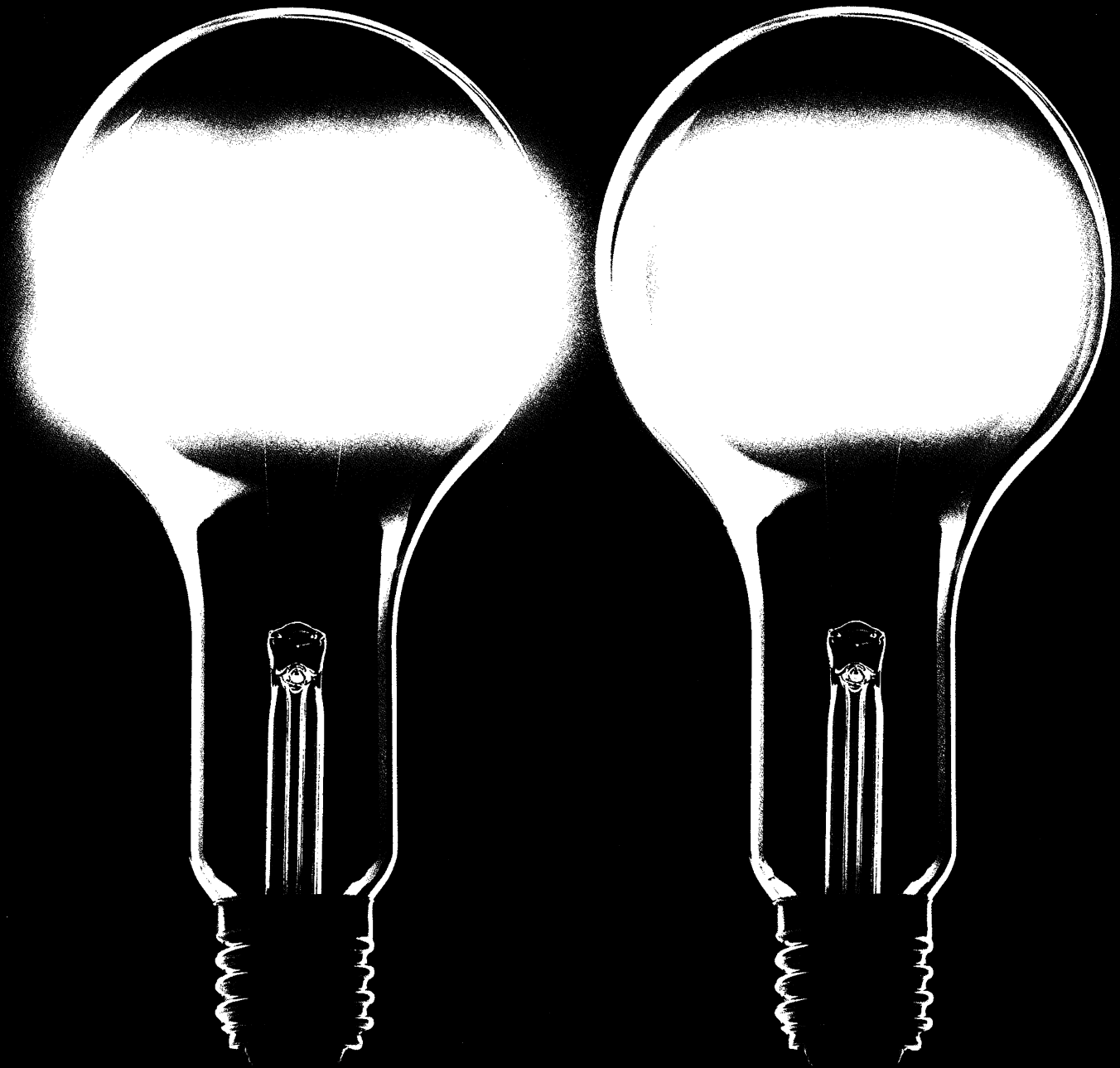


**SEARLE**



FOR INITIAL SINGLE-AGENT THERAPY  
IN MILD TO MODERATE HYPERTENSION...

INTRODUCING  
**180-mg CALAN SR**  
(verapamil HCl)

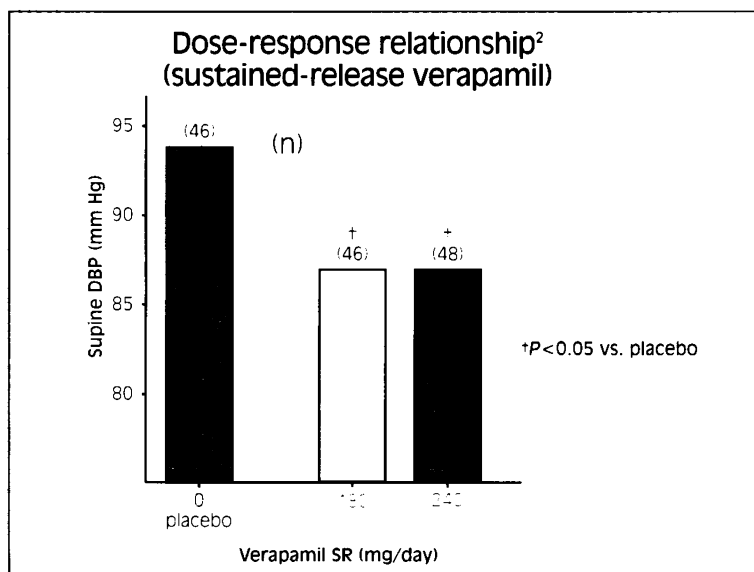


The 1988 Joint National Committee on Detection, Evaluation,  
and Treatment of High Blood Pressure recommends "...to control  
blood pressure with the fewest drugs at their lowest dose...."<sup>1</sup>

HIGH SINGLE-AGENT EFFICACY\*...

# 180 mg--EFFICACY DEMONSTRATED COMPARABLE TO 240 mg<sup>2</sup>

**Free**  
180-mg therapy offer...  
See next page for details or call  
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Mean supine diastolic blood pressure at peak (6 hours postdose) versus verapamil SR once daily.

## 180 mg...

- 24-HOUR CONTROL<sup>2</sup>
- AN ECONOMICAL CHOICE
- WELL-TOLERATED<sup>†</sup> LOW-DOSE THERAPY<sup>2</sup>

When you want the single-agent safety and efficacy  
of verapamil SR therapy...

**NEW 180 mg**  
**Calan<sup>®</sup> SR**  
(verapamil HCl) 180mg  
SUSTAINED-RELEASE CAPLETS

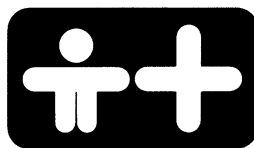
**A BRIGHT NEW IDEA**  
in verapamil SR therapy

\*80% single-agent efficacy demonstrated in six clinical studies of more than 4,000 adult patients with varied titration schedules of up to 360 mg or 480 mg per day in divided doses.

†Constipation, the most commonly reported side effect of Calan SR, is easily managed in most patients.

Please see last page of this advertisement for references and a brief summary of prescribing information.

**SEARLE**



## PATIENT PLUS™ PROGRAM

NOW GIVE PATIENTS CALAN SR 180 mg

# FREE FOR 3 MONTHS

# 1-800-4-CALAN-4

Patients must be enrolled before October 15, 1990.

The Patient Plus program for Calan SR 180 mg is available for all patients for a limited time only. As with other Searle cardiovascular products, Calan SR 180 mg will be available on an ongoing basis through the Patients in Need program. Please see your Searle Representative for full program details.



### BRIEF SUMMARY

**Contraindications:** Severe LV dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil.

**Warnings:** Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

**Precautions:** Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol clearance may occur with combined use. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration.

Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

**Adverse Reactions:** Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, increased urination, spotty menstruation, impotence.

### References:

- 1988 Joint National Committee: The 1988 report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure. *Arch Intern Med* 1988;148:1023-1038.
- Data on file, G.D. Searle & Co.

A90CA4250T

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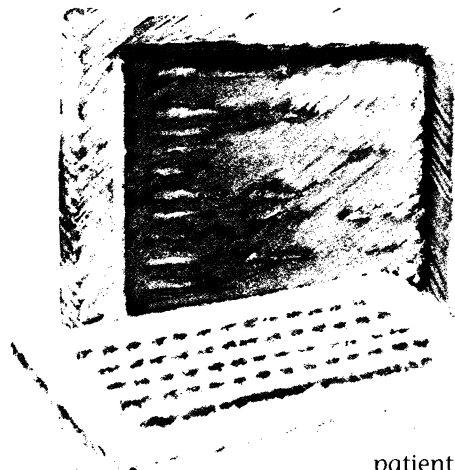
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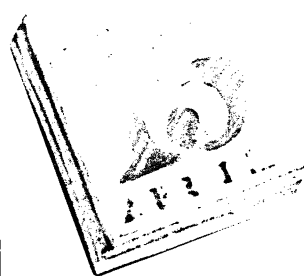
**On-Staff** interacts with a variety of wordprocessing and spreadsheet programs to simplify your office work and help you get the most out of your computing investment.

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### Control Information

**On-Staff** comes pre-programmed to supply you with all the standard reports, but it can also provide you with virtually any other kind of information on demand: you may want a list of patients with a particular ailment within specific zip codes, or wish to identify insurance companies with a bad record of payments. Just define your criteria in plain English, and watch **On-Staff** deliver, instantaneously.



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**On-Staff** offers a sensitive system for business communication. So, whether it is requesting a patient to meet his deductible, or responding to a denial by an insurance carrier, **On-Staff** generates a precise and personal letter for the right party automatically.

- ☐ Yes, I would like to take control of my daily administration with a **FREE** demonstration.
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- ☐ No, I would not like to take control. My office is running at peak efficiency.

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- ☐ I currently have a computer system in place.
- ☐ I do not have a computer system in place.



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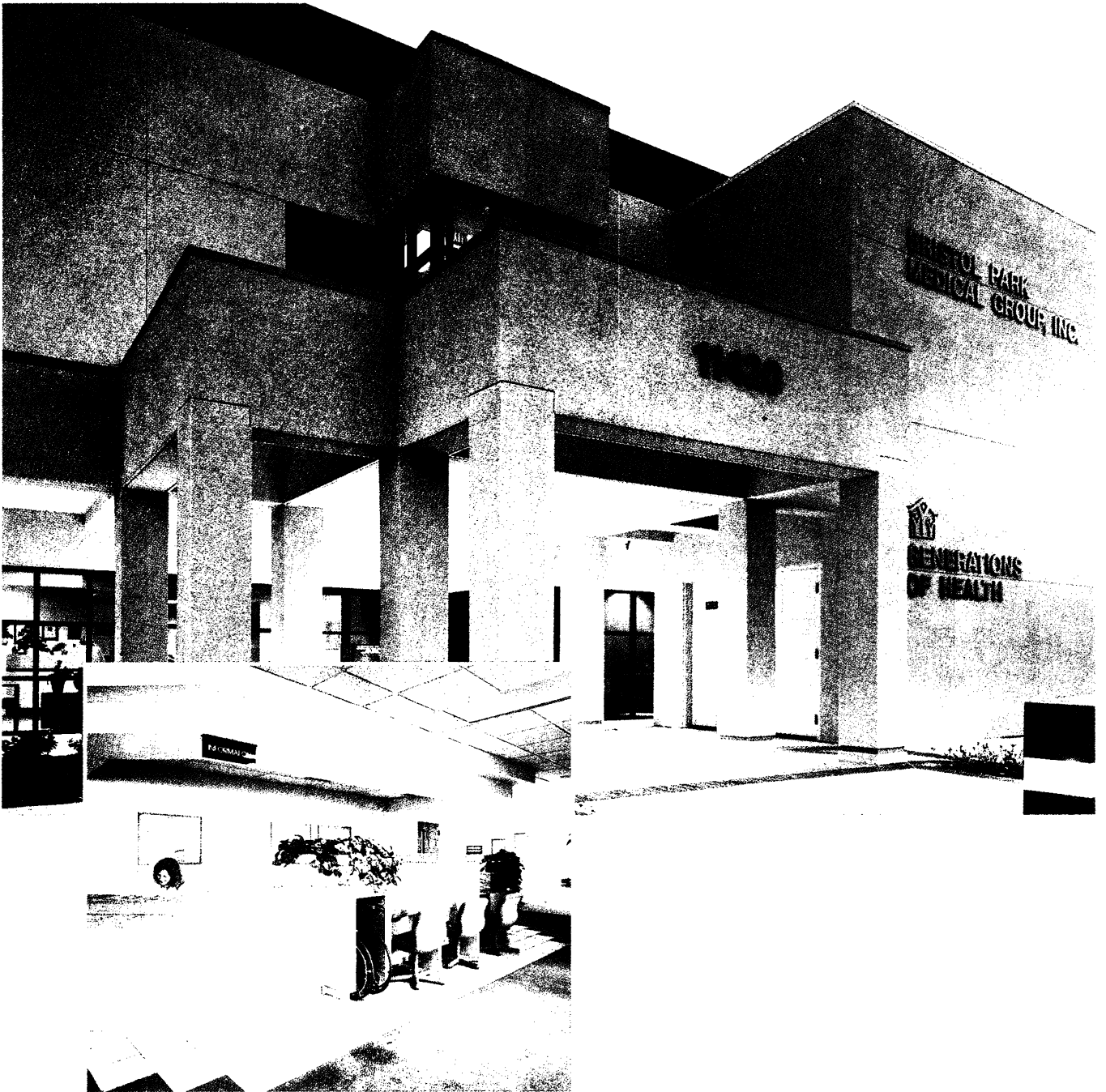
Prime Clinical  
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# THE FIRST NAME IN QUALITY CARE FOR THE BLACK HYPERTENSIVE

**DYAZIDE®**  
25 mg Hydrochlorothiazide/50 mg Triamterene/SKF

Before prescribing, see complete prescribing information in SK&F LAB CO. literature or PDR. The following is a brief summary.

**Indications and Usage:** Hypertension or edema in patients who develop hypokalemia on hydrochlorothiazide alone; in patients who require a thiazide diuretic and in whom the development of hypokalemia cannot be risked.

This fixed combination drug is not indicated for the initial therapy of edema or hypertension except in individuals in whom the development of hypokalemia cannot be risked.

'Dyazide' may be used alone or as an adjunct to other antihypertensive drugs; dosage adjustments may be necessary.

**Contraindications:** Concomitant use with other potassium-sparing agents such as spironolactone or amiloride; potassium supplements (except in presence of severe hypokalemia); anuria, acute and chronic renal insufficiencies or significant renal impairment; hypersensitivity to drug or other sulfonamide-derived drugs; preexisting elevated serum potassium concentration.

**Warnings:** Abnormal elevation of serum potassium levels (greater than or equal to 5.5 mEq/liter) can occur with all potassium-conserving diuretic combinations, including 'Dyazide'. Hypokalemia is more likely to occur in patients with renal impairment, diabetes (even without evidence of renal impairment), elderly or severely ill patients. Since uncorrected hypokalemia may be fatal, serum potassium levels must be monitored at frequent intervals especially in patients first receiving 'Dyazide', when dosages are changed or with any illness that may influence renal function.

If hypokalemia is suspected, obtain an ECG and monitor serum potassium. If hypokalemia develops, discontinue 'Dyazide' and initiate thiazide therapy if needed. Persistent hypokalemia may require dialysis. Monitor serum electrolytes frequently in patients with mild renal dysfunction and in diabetic patients. In patients who may develop respiratory or metabolic acidosis, monitor serum electrolytes and acid/base balance frequently.

**Precautions:** The bioavailability of the hydrochlorothiazide and triamterene components of 'Dyazide' is about 50% of the maximum obtainable with oral therapy. Theoretically, a patient transferred from therapy with hydrochlorothiazide with or without triamterene might show an increase in blood pressure, fluid retention, or change in serum potassium. Extensive clinical experience with 'Dyazide', however, suggests that these conditions have not been commonly observed in clinical practice. (See CLINICAL PHARMACOLOGY.) Use thiazides cautiously in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease; potassium depletion induced by the thiazide may be important in this connection; administer 'Dyazide' cautiously and be alert for such early signs of impending coma as confusion, drowsiness and tremor; if mental confusion increases, discontinue 'Dyazide' for a few days; attention must be given to other factors that may precipitate hepatic coma, such as blood in the gastrointestinal tract or preexisting potassium depletion. If patients develop hypokalemia, which is uncommon with 'Dyazide', increase potassium intake (i.e., with supplements or potassium-rich foods). If repeat determinations show serum potassium concentrations below 3.0 mEq/L, discontinue 'Dyazide' and initiate potassium chloride supplementation. Institute corrective measures cautiously and monitor serum potassium concentrations frequently, especially in patients receiving digitalis or those with a history of cardiac arrhythmias. Diuretics may aggravate existing electrolyte imbalances, especially at high dosages or in patients on salt-restricted diets. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Chloride replacement may be required in the treatment of metabolic acidosis. If dilutional hyponatremia develops, restrict water intake. In actual salt depletion, initiate sodium chloride replacement. Use 'Dyazide' cautiously in patients with a history of renal stone formation.

If hyperkalemia develops when treating for hypokalemia, take corrective measures. Also discontinue 'Dyazide' and, if appropriate, substitute a thiazide diuretic until potassium levels return to normal. Do periodic BUN and serum creatinine determinations, especially in the elderly and in patients with suspected or confirmed renal insufficiency. Serum PBI levels may decrease without signs of thyroid disturbance. Discontinue thiazides before conducting parathyroid function tests.

Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine; therefore use cautiously in patients undergoing surgery. Monitor electrolytes in patients taking amphotericin B, corticosteroids or corticotropin concomitantly. Thiazides may potentiate the action of other antihypertensive drugs. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be needed. 'Dyazide' may raise the level of blood uric acid; dosage adjustments of antigout medication may be needed to control hyperuricemia and gout. The following agents given with triamterene may promote serum potassium accumulation and possibly result in hyperkalemia, especially in patients with renal insufficiency: blood from blood bank (may contain up to 30 mEq of potassium per liter of plasma or up to 85 mEq of potassium per liter of whole blood when stored for more than 10 days); low salt milk (may contain up to 60 mEq of potassium per liter); potassium-containing medications (such as penicillin G potassium) and salt substitutes (most contain substantial amounts of potassium). Exchange resins, such as sodium polystyrene sulfonate, whether administered orally or rectally, reduce serum potassium concentrations by sodium replacement of the potassium; fluid retention may occur in some patients because of the increased sodium intake. Chronic or overuse of laxatives may reduce serum potassium concentrations by promoting excessive potassium loss from the intestinal tract; laxatives may interfere with the potassium-retaining effects of triamterene. The effectiveness of methenamine may be decreased when used concurrently with hydrochlorothiazide because of alkalinization of the urine. 'Dyazide' will interfere with the fluorescent measurement of quinidine.

There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy only if clearly needed. Thiazides and triamterene cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires weighing the anticipated benefit against possible hazards, including fetal or neonatal jaundice, pancreatitis, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult. Thiazides appear, and triamterene may appear, in breast milk. If use of the drug is essential, the patient should stop nursing. Safety and effectiveness in children have not been established.

**Adverse Reactions:** The serious adverse effects associated with 'Dyazide' have commonly occurred in less than 0.1% of patients treated with this product. Anaphylaxis, rash, urticaria, photosensitivity, cardiac arrhythmias, postural hypotension, diabetes mellitus, hyperkalemia, hyperglycemia, glycosuria, hyperuricemia, hypokalemia, hyponatremia, acidosis, hypochloremia, jaundice and/or liver enzyme abnormalities, pancreatitis, nausea and vomiting, diarrhea, constipation, abdominal pain, acute renal failure, interstitial nephritis, renal stones composed primarily of triamterene, elevated BUN and serum creatinine, abnormal urinary sediment, leukopenia, thrombocytopenia and purpura, megaloblastic anemia, muscle cramps, weakness, fatigue, dizziness, headache, dry mouth, impotence, sialadenitis. Thiazides alone have been shown to cause the following additional adverse reactions: paresthesias, vertigo, xanthopsia, transient blurred vision, allergic pneumonitis, pulmonary edema, respiratory distress, necrotizing vasculitis, exacerbation of lupus, aplastic anemia, agranulocytosis, hemolytic anemia. In neonates and infants: thrombocytopenia and pancreatitis—rarely, in newborns whose mothers have received thiazides during pregnancy.

**Supplied:** Capsules containing 25 mg hydrochlorothiazide and 50 mg triamterene, in bottles of 1000 capsules; in Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

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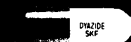
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*Because safety  
cannot be taken for granted  
in H<sub>2</sub>-antagonist therapy*

**AXID<sup>®</sup>**  
nizatidine

## **Minimal potential for drug interactions**

*Unlike cimetidine and ranitidine,<sup>1</sup>  
AxiD does not inhibit the cytochrome  
P-450 metabolizing enzyme system.<sup>2</sup>*

## **Swift and effective H<sub>2</sub>-antagonist therapy**

- Most patients experience  
pain relief with the first dose<sup>3</sup>
- Heals duodenal ulcer  
rapidly and effectively<sup>4,5</sup>
- Dosage for adults with active  
duodenal ulcer is 300 mg once nightly  
(150 mg b.i.d. is also available)

### **References**

1. *USP DI Update*, September/October 1988, p 120.
2. *Br J Clin Pharmacol* 1985;20:710-713.
3. Data on file, Lilly Research Laboratories.
4. *Scand J Gastroenterol* 1987;22(suppl 136):61-70.
5. *Am J Gastroenterol* 1989;84:769-774.

### **AXID<sup>®</sup>** nizatidine capsules

**Brief Summary.** Consult the package literature for complete information.

**Indications and Usage:** 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.

2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with AxiD for longer than one year are not known.

**Contraindication:** Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other H<sub>2</sub>-receptor antagonists.

**Precautions:** General—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

**Laboratory Tests**—False-positive tests for urobilinogen with Multistix<sup>®</sup> may occur during therapy.

**Drug Interactions**—No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. AxiD does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

**Carcinogenesis, Mutagenesis, Impairment of Fertility**—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of AxiD (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given

an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for AxiD.

AxiD was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

**Pregnancy—Teratogenic Effects—Pregnancy Category C**—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers**—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

**Pediatric Use**—Safety and effectiveness in children have not been established.

**Use in Elderly Patients**—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

**Adverse Reactions:** Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

**Hepatic**—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of AxiD.

**Cardiovascular**—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered AxiD and in three untreated subjects.

**CNS**—Rare cases of reversible mental confusion have been reported. **Endocrine**—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

**Hematologic**—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H<sub>2</sub>-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

**Integumentary**—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

**Hypersensitivity**—As with other H<sub>2</sub>-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H<sub>2</sub>-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

**Other**—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

**Overdosage:** Overdoses of AxiD have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP

Additional information available to the profession on request.



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Indianapolis, Indiana  
46285

NZ-2924-B-049310

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AxiD<sup>®</sup> (nizatidine, Lilly)

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[091289]





# EFFECTIVELY TREATS MUCOSAL & SYSTEMIC FUNGAL INFECTIONS WITH FEW SAFETY CONCERNS

Neutrophil phagocytoses *Candida albicans*.

\*Results of two randomized, third-party blinded, open-label trials using Diflucan 100 mg/day for 7 to 14 days; clotrimazole 50 mg/day for 14 days. Results reflect clinical cure and improvement.

†Endoscopic cure results of a double-blinded, randomized trial comparing Diflucan 100 to 200 mg/day; ketoconazole 200 to 400 mg/day.

‡Open-label trial. Diflucan 100 to 200 mg/day.

§Open-label, randomized trial. Clinical cure and improvement results. Diflucan 200 to 400 mg/day or amphotericin B 0.3 to 0.6 mg/kg/day.

¶Multicenter, comparative study. Results reflect successful maintenance without culture confirmed relapse as evaluated at a median of 212 days for Diflucan and 121 days for amphotericin B. Diflucan: 200 mg/day; amphotericin B: 1 mg/kg/week.

**Excellent clinical success in oropharyngeal, esophageal, and systemic candidiasis, and cryptococcal meningitis:**

Interim results from ongoing studies: due to the interim nature of these studies, statistics have not been provided.

**CANDIDIASIS<sup>1\*</sup>**

OROPHARYNGEAL <sup>1*</sup>		ESOPHAGEAL <sup>1†</sup> (endoscopic cures)	SYSTEMIC <sup>1‡</sup>	
DIFLUCAN 83% CURED 11% IMPROVED	94% 67-95	DIFLUCAN 87% 71-100	DIFLUCAN 63% CURED 23% IMPROVED	86% 71-100
clotrimazole 73% CURED 7% IMPROVED	80% 56-95	ketoconazole 53% 37-77		

**CRYPTOCOCCAL MENINGITIS**

ACUTE THERAPY <sup>1§</sup>		MAINTENANCE TO PREVENT RELAPSE <sup>1</sup>	
DIFLUCAN 26% CURED 32% IMPROVED	58% (34-85)	DIFLUCAN 98% (84-100)	
amphotericin B 26% CURED 29% IMPROVED	55% (31-80)	amphotericin B 83% (64-100)	

**Excellent safety profile and patient compliance**

In over 4,000 patients who received Diflucan for at least 7 days, the most common adverse events were nausea (3.7%), headaches (1.9%), and skin rash (1.8%).<sup>1</sup>

Rare incidence of serious hepatotoxicity has been reported, but the causal relationship to Diflucan is uncertain.<sup>1</sup>

**Penetration to key tissues, organs, and fluids**

Distribution throughout the body approximates that of total body water after oral or IV dosing.<sup>1</sup>

Oral bioavailability of Diflucan >90% and unaffected by agents that increase gastric pH.<sup>1</sup>

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***Diflucan***<sup>®</sup> *ONCE-A-DAY*  
*(fluconazole)* *ORAL*  
*IV*  
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**The Antifungal Effectiveness You Need.  
The Safety Profile You Want.**

Please see brief summary of prescribing information on last page of this advertisement.

# ONCE-A-DAY Diflucan<sup>®</sup> ORAL (fluconazole) IV

100 mg, 200 mg Tablets 200 mg, 400 mg IV Injection



## WITH ONCE DAILY DOSING FOR A WIDE RANGE OF PATIENTS

INDICATION	FIRST DAY	DAILY THERAPY	MINIMUM DURATION OF THERAPY
OROPHARYNGEAL CANDIDIASIS:	200 mg	100 mg	14 days
ESOPHAGEAL CANDIDIASIS:	200 mg	100 mg*	21 days
SYSTEMIC CANDIDIASIS:	400 mg	200 mg	28 days
CRYPTOCOCCAL MENINGITIS (acute):	400 mg	200 mg*	10-12 weeks after CSF becomes culture negative
CRYPTOCOCCAL MENINGITIS (maintenance to prevent relapse):	200 mg	200 mg	

\*Doses of up to 400 mg/day may be used based on medical judgement of the patient's response to therapy.

References: 1. Data on file. Roerg division of Pfizer Pharmaceuticals

### INDICATIONS AND USAGE

DIFLUCAN (fluconazole) is indicated for the treatment of:

1. Oropharyngeal and esophageal candidiasis. DIFLUCAN is also effective for the treatment of serious systemic candida infections, including urinary tract infection, peritonitis, and pneumonia.

2. Cryptococcal meningitis.

Specimens for fungal culture and other relevant laboratory studies, serology, histopathology should be obtained prior to therapy to isolate and identify causal organisms. Therapy may be instituted before the results of the cultures and other laboratory studies are known, however, once these results become available, and infective therapy should be adjusted accordingly.

### CONTRAINDICATIONS

DIFLUCAN (fluconazole) is contraindicated in patients who have shown hypersensitivity to fluconazole or to any of its excipients. There is no information regarding cross hypersensitivity between fluconazole and otherazole antifungal agents. Caution should be used in prescribing DIFLUCAN to patients with hypersensitivity to other azoles.

### WARNINGS

Patients who develop abnormal liver function tests during DIFLUCAN therapy should be monitored for the development of more severe hepatic injury. Although serious hepatic reactions have been rare and the causal association with DIFLUCAN uncertain, if clinical signs and symptoms consistent with liver disease develop that may be attributable to fluconazole, DIFLUCAN should be discontinued (See Adverse Reactions).

Immunocompromised patients who develop rashes during treatment with DIFLUCAN should be monitored closely and the drug discontinued if lesions progress (See Adverse Reactions).

### PRECAUTIONS

#### Drug Interactions (See Clinical Pharmacology):

DIFLUCAN (fluconazole) increased the prothrombin time after warfarin administration. Careful monitoring of prothrombin time in patients receiving DIFLUCAN and coumarin-type anticoagulants is recommended.

DIFLUCAN increased the plasma concentrations of phenytoin. Careful monitoring of phenytoin concentrations in patients receiving DIFLUCAN and phenytoin is recommended.

DIFLUCAN has been infrequently associated with an increase in cyclosporine concentrations in renal transplant patients with or without impaired renal function. Careful monitoring of cyclosporine concentrations in patients receiving DIFLUCAN and cyclosporine is recommended.

DIFLUCAN increased the plasma concentrations and reduced the metabolism of tolbutamide, glyburide and glipizide. When DIFLUCAN is used concomitantly with these or other sulfonylurea oral hypoglycemic agents, blood glucose concentrations should be carefully monitored and the dose of the sulfonylurea should be adjusted as necessary.

Rifampin enhances the metabolism of concurrently administered DIFLUCAN. Depending on clinical circumstances, consideration should be given to increasing the dose of DIFLUCAN when it is administered with rifampin.

Physicians should be aware that drug-drug interaction studies with other medications have not been conducted, but such interactions may occur.

#### Carcinogenesis, Mutagenesis and Impairment of Fertility

Fluconazole showed no evidence of carcinogenic potential in mice and rats treated orally for 24 months at doses of 2.5, 5 or 10 mg/kg/day (approximately 1/20x the recommended human dose). Male rats treated with 5 and 10 mg/kg/day had an increased incidence of hepatocellular adenomas.

Fluconazole with or without metabolic activation was negative in tests for mutagenicity in 4 strains of *S. typhimurium* and in the mouse lymphoma (5178Y) system. Cytogenic studies in vivo (mouse bone marrow cells) following oral administration of fluconazole and in vitro (human lymphocytes exposed to fluconazole at 1000 µg/ml) showed no evidence of chromosomal mutations.

Fluconazole did not affect the fertility of male or female rats treated orally with daily doses of 5, 10 or 20 mg/kg or with parenteral doses of 5, 25 or 75 mg/kg, although the onset of parturition was slightly delayed at 20 mg/kg po or an intravenous perinatal study in rats at 5, 20 and 40 mg/kg, dystocia and prolongation of parturition were observed in a few dams at 20 mg/kg (approximately 1/15x the recommended human dose) and 40 mg/kg, but not at 5 mg/kg. The disturbances in parturition were reflected by a slight decrease in the number of stillborn pups and decrease of neonatal survival at these dose levels. The effects on parturition in rats are consistent with the species specific estrogen-lowering property produced by high doses of fluconazole. Such a hormone change has not been observed in women treated with fluconazole (See Clinical Pharmacology).

#### Pregnancy

**Teratogenic Effects. Pregnancy Category C.** Fluconazole was administered orally to pregnant rabbits during organogenesis in two studies at 5, 10 and 20 mg/kg and at 5, 25 and 75 mg/kg respectively. Maternal weight gain was impaired at all dose levels, and abortions occurred at 75 mg/kg (approximately 20-60x the recommended human dose). No adverse fetal effects were detected in several studies in which pregnant rats were treated orally with fluconazole during organogenesis. Maternal weight gain was impaired and placental weights were increased at 25 mg/kg. There were no fetal effects at 5 or 10 mg/kg, increases in fetal anatomical variants (supernumerary ribs, renal pelvis dilatation) and delays in ossification were observed at 25 and 50 mg/kg and higher doses. At doses ranging from 80 mg/kg (approximately 20-60x the recommended human dose) to 320 mg/kg (approximately 80x the recommended human dose), fetal abnormalities included cleft palate and abnormal craniofacial ossification. These effects are consistent with the inhibition of estradiol synthesis in rats and may be a result of maternal effects of lowered estrogen on pregnancy, organogenesis and parturition. There are no adequate and well-controlled studies in pregnant women. DIFLUCAN should be used in pregnancy only if the potential benefit justifies the possible risk to the fetus.

#### Nursing Mothers

It is not known whether fluconazole is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when DIFLUCAN is administered to a nursing woman.

#### Pediatric Use

Efficacy of DIFLUCAN has not been established in children. A small number of patients from age 3 to 13 years have been treated safely with DIFLUCAN using doses of 3-6 mg/kg/day.

### ADVERSE REACTIONS

Sixteen percent of over 4000 patients treated with DIFLUCAN (fluconazole) in clinical trials of 7 days or more experienced adverse events. Treatment was discontinued in 5% of patients due to adverse clinical events and in 13% of patients due to laboratory test abnormalities.

In controlled clinical trials and from open labeling experience prior to U.S. marketing, patients with serious underlying disease (predominantly AIDS or malignancy) rarely have developed serious hepatic reactions or exfoliative skin disorders during treatment with DIFLUCAN (See Warnings). Two of these hepatic reactions and one exfoliative skin disorder (Stevens-Johnson syndrome) were associated with a fatal outcome. Because most of these patients were receiving multiple concomitant medications, including many known to be hepatotoxic or associated with exfoliative skin disorders, the causal association of these reactions with DIFLUCAN therapy is uncertain.

In clinical adverse events were reported more frequently in HIV-infected patients (21% than in non-HIV-infected patients). However, the patterns of clinical and non-HIV-infected patients were similar. The proportions of patients discontinuing therapy due to clinical adverse events were similar in the two groups at 5%.

The following treatment-related clinical adverse events occurred at an incidence of 1% or greater in 4048 patients receiving DIFLUCAN for 7 or more days in clinical trials: nausea (3%), headache (19%), skin rash (16%), vomiting (1%), abdominal pain (1%), and diarrhea (5%).

In two comparative trials evaluating the efficacy of DIFLUCAN for the suppression of relapse of cryptococcal meningitis, a statistically significant decrease was observed in median AST (SGOT) levels from a baseline value of 30 IU/L to 41 IU/L in one trial and 34 IU/L to 66 IU/L in the other. The overall rate of serum transaminase elevations of more than 8 times the upper limit of normal was approximately 1% in fluconazole-treated patients in clinical trials. These elevations occurred in patients with severe underlying disease, predominantly AIDS or malignancy, most of whom were receiving multiple concomitant medications, including many known to be hepatotoxic. The incidence of abnormally elevated serum transaminases was greater in patients taking DIFLUCAN concomitant with one or more of the following medications: rifampin, phenytoin, isoniazid, valproic acid, or oral sulfonylurea hypoglycemic agents.

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**PHYSICIAN OPPORTUNITIES IN ARIZONA.** Thomas-Davis Medical Centers, PC, a rapidly expanding multispecialty group practice of 90 plus physicians in Tucson, Green Valley, and Tempe, Arizona, has positions available in these cities in Internal Medicine, Pediatrics, OB/GYN, Orthopedics, Urgent Care, and Family Practice. Excellent fringe benefits and profit sharing program. Fee-for-service, as well as owned HMO. Must be BE/BC. Call or write James J. Vitali, CEO, Thomas-Davis Medical Centers, PC, PO Box 12650, Tucson, AZ 85732; (602) 322-8300.

**INTERNAL MEDICINE.** Long established multispecialty group in central Washington needs Internist. Independent contract or join partnership later. University town with many cultural and recreational activities. Send CV to Medical Building Associates, 200 E. 6th, Ellensburg, WA 98926, or call (509) 925-9891.

**MULTIPLE FAMILY PRACTICE (BC/BE)** positions available in several suburban satellite clinics of a large Seattle area multispecialty group practice. Diverse patient population includes managed care, fee-for-service, and retired military (at some satellite clinics). Competitive salary and excellent benefits. Contact Mary Anderson, Pacific Medical Center, 1200 12th Ave S., Seattle, WA 98144; (206) 326-4111.

**HAWAII.** Family Practitioner needed for rural underserved area. Full-time position in nonprofit community health clinic. No OB, hospitalizations optional. Desire dedicated person to work in multicultural setting. Contact Alan Chun, MD, Waianae Coast Comprehensive Health Center, 86-260 Farrington Hwy, Waianae, HI 96792; (808) 696-7081.

### CALIFORNIA

Primary Care Physicians and Radiologists needed to work as *locum tenens* statewide. High salary, paid malpractice. Work whenever and wherever you wish. Permanent placements as well. **Western Physicians Registry: Northern California, contact Jim Ellis, Director, (415) 673-7676 or (800) 437-7676. Southern California, contact Tracy Zweig, Director, (805) 643-9346 or (800) 635-3175.**

**CALIFORNIA MULTISPECIALTY.** Cardiologist, Internal Medicine, Pediatrician, Endocrinologist, Orthopedist, General/Family Practitioner, Obstetrician/Gynecologist, Dermatologist, Ophthalmologist, General Surgeon, Podiatrist. Excellent opportunity for physicians in Los Angeles suburb to join 100 member multispecialty medical group. Large fee-for-service and prepaid practice, no Medi-Cal. Excellent compensation program based on guarantee plus incentive, profit sharing and pension plan. Group provides health, dental, life, and malpractice. Partnership in real estate and medical corporation available. Send CV to Ron McDaniel, Assistant Administrator, Mullikin Medical Center—5, 17821 S. Pioneer Blvd, Artesia, CA 90701.

**OB/GYN. BC/BE** to join 20 physician (OB, Pediatrics, Internal Medicine) practice in sunny central Washington. Reasonable call schedule with three OB/GYN department. Competitive salary, excellent benefit package including vacation at 30 days per year and professional liability. Contact Ann Garza, Yakima Valley Farm Workers Clinic, PO Box 190, Toppenish, WA 98948; (509) 865-5898.

### ALL SPECIALTIES/DESIRABLE PRACTICE OPPORTUNITIES AVAILABLE

Let us find you the practice that meets your specifications and geographical preference. There is no fee to the physician for our professional service. All inquiries are held in strict confidence. BC/BE physicians send CV or call:

Sharon Mac Kenzie  
Mac Kenzie & Associates  
PO Box 1240  
Trinidad, CA 95570  
1 (800) 735-4431  
FAX: (707) 677-3033

### PHYSICIANS WANTED

## ALASKA, CALIFORNIA OR COLORADO YOUR CHOICE

There are private practice opportunities now available in the following Humana Alaska, California and Colorado communities:

### ANCHORAGE, ALASKA

Family Physician  
Neurologist  
Ophthalmologist  
(Vitreoretinal)  
Pediatrician

### ORANGE COUNTY, CA

Family Physician  
Internist  
OB/GYN  
Pediatrician

### SAN FERNANDO VALLEY, CA

Family Physician  
Internist  
OB/GYN  
Orthopedic Surgeon (Backs)

### DENVER, COLORADO

Family Physician  
Internist

For other opportunities in these states, send your CV to: Gordon Crawford, Manager, Professional Relations, Humana Inc., Dept. HH-8, 500 West Main Street, Louisville, KY 40201-1438. Or call TOLL-FREE 1-800-626-1590.



**OB/GYN, INTERNISTS, Family Practitioners, Pediatricians** for Arizona and western opportunities. Quality positions available other regions of country. Inquiries confidential. Mitchell & Associates, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

**NEAR STANFORD.** Six Internists, all subspecialty trained and members of clinical faculty at Stanford, interested in an associate with subspecialty interest and training. Should be well grounded in Internal Medicine. Send CV to Dr Bigler, El Camino Internal Medical Group, 125 South Dr, Mountain View, CA 94040.

**CALIFORNIA—NORTHERN.** Area's leading private practice group has immediate and future positions for BC/BE Family Practice and Primary Care Physicians in its Department of Ambulatory Care and General Medicine. Excellent compensation, incentive program, full benefits, early equity position, retirement plan. Experience life-style and professional fulfillment in beautiful northern California. Call Maureen Forrester: (408) 282-7833. Send CV to San Jose Medical Group, Inc, 45 S. 17th St, San Jose, CA 95112.

**OCCUPATIONAL MEDICINE PHYSICIAN.** BC is preferred, but will consider physician with a strong background in Occupational Medicine. Competitive salary and benefits. Located in an outstanding community, the Santa Clarita Valley. If you would like to continue to use your clinical skills, yet also be involved in administrative decisions, please submit your CV to Richard Kessler, Director, Occup. Health Services, c/o SCV Healthcare Management Group, Valencia, CA 91355.

(Continued on Page 218)

# PUT YOUR MEDICAL CAREER IN FLIGHT.

Discover the thrill of flying, the end of office overhead and the enjoyment of a general practice as an Air Force flight surgeon. Talk to an Air Force medical program manager about the tremendous benefits of being an Air Force medical officer:

- Quality lifestyle, quality practice
- 30 days vacation with pay per year
- Support of skilled professionals
- Non-contributing retirement plan if qualified

Discover how to take flight as an Air Force flight surgeon. Talk to the Air Force medical team today. Call

**USAF  
HEALTH PROFESSIONS  
TOLL FREE  
1-800-423-USAF**



(Continued from Page 216)

## PHYSICIANS WANTED



## OPPORTUNITY FOR LEADERSHIP

### Deputy Public Health Officer \$73,756-\$110,988/year

The **County of Orange**, Health Care Agency, has an excellent **Opportunity for Leadership** in a dynamic public health department. We are seeking a **Deputy Public Health Officer** to serve as assistant health officer and focus on epidemiology as the basis for program development, and hold responsible authority for the health policy and medical management of the Public Health Function.

The **County of Orange**, located on the Southern California Coast, is an outstanding place to live, work and enjoy great recreational areas.

If you are interested in competing for this challenging opportunity, and if you possess (or are able to obtain by date of appointment) a valid California Physician's and Surgeon's Certificate **AND** have five years of increasingly responsible, related experience, please contact Joyce Allen, (714) 834-5033, to obtain recruitment materials. **APPLY IMMEDIATELY!** County of Orange, Personnel Department, 10 Civic Center Plaza, Santa Ana, CA 92701. Affirmative Action Employer M/F.

## PHYSICIANS WANTED



### HEALTHCARE PERSONNEL SERVICES

HSI currently has numerous opportunities in California and Washington state for qualified physicians and Orthopedic Surgeons. These positions offer:

- Flexible hours and days.
- No on-call or mandatory weekends.
- Competitive salary plus bonus plan.
- Paid vacation, sick, holiday, and CME.
- 401 K retirement savings programs with matching contributions.
- Full medical/dental.
- Relocation assistance.
- Strict confidentiality.
- All fees paid by employer.

Call

**Jeannette Bezemer**

collect or write:

**HSI RESOURCES**

2600 Michelson Dr, #1130

Irvine, CA 92715

(714) 476-9163

### PHYSICIANS REGISTERED PHYSICAL THERAPISTS PHYSICIAN ASSISTANT

Currently seeking California/Nevada state licensed BC/BE physicians and other medical professionals to perform Workers' Compensation and Personal Injury treatment and evaluation in our many California and Nevada locations. Spanish speaking a plus. Specialties include Neurology, Orthopedic, Internal Medicine, Psychiatry, Plastic Surgery, Occupational Medicine, Industrial Medicine.

We offer:

- Full-time or part-time
- Flexible hours
- Guaranteed income
- Possible expense for relocation
- Will provide training
- Excellent growth potential

Contact 1 (800) 347-2821



### PALO ALTO MEDICAL CLINIC PALO ALTO, CALIFORNIA



A well-established, 150-physician multi-specialty group with a national reputation for innovation and excellence is seeking BE/BC physicians in the following specialties for its main campus and satellite:

GENERAL INTERNAL MEDICINE  
PSYCHIATRY  
OCCUPATIONAL MEDICINE  
OBSTETRICS/GYNECOLOGY  
PHYSIATRY

FAMILY PRACTICE  
URGENT CARE  
NUCLEAR MEDICINE  
HEMATOLOGY/ONCOLOGY

Salaries and benefits are competitive, partnership eligibility in two years, San Francisco Bay Area living.

Please contact:

George Perlstein, M.D.

Medical Director

Palo Alto Medical Clinic

300 Homer Avenue, Palo Alto, CA 94301

(415) 853-4762

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**PHYSICIANS WANTED****POSITION AVAILABLE**

For BC/BE physicians in California, Oregon, and Washington: Anesthesia, Critical Care, Emergency Medicine, Endocrinology, Family Practice, Infectious Disease, Internal Medicine, Neurology, Neurosurgery, OB/GYN, Oncology, Ophthalmology, Orthopedics, Otolaryngology, Pediatrics, Thoracic Surgery, Urgent Care. **BRADSHAW ASSOCIATES**, 21 Altamount Dr, Orinda, CA 94563; (415) 376-0762, FAX (415) 376-0813.

**EmCare****GOVERNMENT SERVICES, INC.**

Family Practice—Internal Medicine—  
Emergency Medicine  
Qualified Physicians Being Recruited  
For Opportunities Offering

Competitive Guaranteed Income with Fee for  
Service Income Potential

Professional Liability Insurance

Excellent Health, Life and Disability Insurance for  
Full-Time Independent Contractors

On-site Administrative and Support Personnel Provided by EGS  
Billing and Corporate Support Provided

For additional information on opportunities and locations contact

**Glenn W. Farmer**  
Director

**Catherine M. Dawson**  
Assistant Director

**1-800-527-2145**

EGSI, 1717 Main Street, Suite 5200  
Dallas, Texas 75201  
214/761-9200

**PHYSICIANS WANTED**

## WASHINGTON STATE ROCKWOOD CLINIC, PS

An expanding 70 physician multispecialty fee-for-service group seeks BC/BE physicians in the following specialties:

ALLERGY  
CARDIOLOGY  
DERMATOLOGY  
INTERNAL MEDICINE  
PEDIATRICS  
FAMILY PRACTICE

OCCUPATIONAL MEDICINE  
HEMATOLOGY/ONCOLOGY  
OB/GYN  
RHEUMATOLOGY  
GENERAL SURGERY  
ORTHOPEDICS

Attractive benefit package includes competitive salary leading to early shareholder status.

**CONTACT: Colleen Mooney, Recruitment Coordinator**  
Rockwood Clinic, PS  
E. 400 Fifth Ave  
Spokane, WA 99202  
(509) 838-2531

**COME ENJOY SPOKANE'S QUALITY LIFE-STYLE!**

**FHP SOUTHERN CALIFORNIA**

## Looking For Quality Medicine And Quality Living?

**Dive Right In.**

Find the ideal combination of professional challenge and personal rewards with FHP.



Working in a state-of-the-art environment with skilled colleagues, you will be able to practice quality medicine with one of the most successful HMOs in the country. And with predictable hours and three weeks paid vacation,

you'll have the time to enjoy all of the lifestyle benefits of our Southern California locations.

Call us at 800-336-2255 (in CA) or 800-446-2255 (outside CA), or send your resume/CV to: FHP, Professional Staffing, Dept. 99, 9900 Talbert Avenue, Fountain Valley, CA 92708. Equal Opportunity Employer.

**Giving Physicians More  
Of What They Want**

**FHP**  
HEALTH CARE

## READY FOR A NEW STYLE OF PRACTICE?

**T**ry Practicing Medicine in a Community or Migrant Health Center... and really make a difference by providing comprehensive primary care services in medically underserved areas.

With locations nationwide, rural and urban community and migrant health centers offer you the opportunity to work in established practices and provide high quality primary care services to people who might otherwise go without care. Plus, receive a competitive salary, paid malpractice insurance, and other attractive benefits. Some sites qualify for the PHS loan repayment program.

So if you want to put your skills to work serving those most in need, call us collect today, or write:



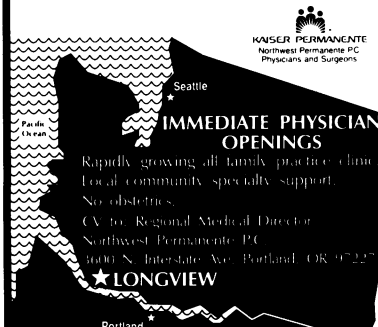
415-556-3690  
Public Health Service  
50 United Nations Plaza  
San Francisco, CA 94102

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**PHYSICIANS WANTED**

**LONGVIEW, WASHINGTON**



**IMMEDIATE PHYSICIAN OPENINGS**

Rapidly growing all family practice clinic. Local community specialty support. No obstetrics. CV to: Regional Medical Director, Northwest Permanente PC, 4000 N. Interstate Ave. Portland, OR 97227. ★ **LONGVIEW** ★

Longview is a picturesque, stable community of 42,000 located near the Columbia Gorge and the coastal mountains and beaches of Washington and Oregon. Members of our 12 physician group enjoy individual subpractices, infrequent call, and new state-of-the-art medical offices.

We invite you to contact us at the above address regarding practice opportunities. Or call Judy Parmenter, Physician Recruitment, (503) 280-2050 for further information.

### PHYSICIAN OPPORTUNITIES NATIONWIDE

For all specialties for hospitals, clinics, multi-specialty groups, partnership and solos. Contact Jim Grant in complete confidence at the bay area specialists. **Nugent & Grant, Inc. 1400 Coleman, Ste B-22, Santa Clara, CA 95090; or call (800) 727-2478, FAX # (408) 727-7390. Never a fee to the physician.**

**CENTRAL CALIFORNIA.** Join our team of Family Practice Physicians in a progressive community health center near Fresno, California. Competitive salary with extra on-call and overtime. Malpractice paid. Generous vacations and time-off policy. Affiliated with UCSF with on-site Family Practice residents and medical students. Varied practice, including Obstetrics, Pediatrics, and in-patient care with an emphasis on health maintenance, patient education, and primary care research. Position is 60 percent clinical, 40 percent teaching. Bilingual English-Spanish helpful. Contact Ardeth Bier, Fresno County Dept of Health, PO Box 11867, Fresno, CA 93775; (209) 445-3353.

**URGENT CARE/PRIMARY CARE PHYSICIANS** for over 90 positions available with various physician groups in Phoenix metropolitan/Tucson, Arizona. Excellent compensation and partnership opportunities. Contact Mitch Young, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

**FAMILY PRACTICE PHYSICIAN.** Full-time in a busy walk-in medical clinic. Located in Visalia, California (Tulare County). Malpractice insurance, good salary, etc. Please call (209) 627-5555 for more information.

**OB/GYN.** Multispecialty group in northwest Washington desires second Obstetrician. Excellent practice opportunity, full range of benefits, early partnership status, all practice costs paid. For more information contact Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273; (206) 428-2524.

**CALIFORNIA, SANTA CLARA COUNTY.** Positions currently available for experienced physicians to provide primary care services at hospital based Urgent Care Center in San Jose. Minimum guarantee of \$100,000 plus annually for 42-hour work week, 48 weeks per year with paid malpractice. No night call. Please contact Nanette Peter, Associated Emergency Physicians, Inc, Medical Group of Northern California, 1625 The Alameda, Ste 201, San Jose, CA 95126; (408) 293-8881.

**ALBUQUERQUE, NEW MEXICO.** BC/BE Family Practitioners sought to join established, private practice, single specialty group practice. Income guarantee, benefits. Please send CV to Kathryn Rhoades, Presbyterian Healthcare Services, PO Box 26666, Albuquerque, NM 87125-6666, or call 1 (800) 545-4030, ext 6330.

**FAMILY PRACTICE OPPORTUNITY.** Association available in rural town, one hour from Seattle and one-half hour from Tacoma. Obstetrics optional. Growing community close to mountains and Puget Sound. Owner to retire in four to five years. (206) 829-1444.

### SAN FRANCISCO BAY AREA BC/BE INTERNISTS

We are currently seeking highly qualified Internists and subspecialists to complement our energetic Internal Medicine team. Department members provide a full range of medical services for a population of over 200,000 pre-paid health plan members. Recently renovated and expanded medical center facilities are within convenient commuting distance to virtually any bay area city, and the extensive cultural and recreational activities of northern California. As part of our large, multi-specialty group practice, you would enjoy an excellent salary, generous fringe benefits, a flexible schedule, and the opportunity for academic affiliation with prestigious local institutions. Send CV to:

**Winslow Wong, MD  
Attn: Administration  
Kaiser Permanente Medical Center  
27400 Hesperian Blvd  
Hayward, CA 94545  
EOE**

**NORTHERN CALIFORNIA—SAN FRANCISCO BAY AREA.** Leading HMO is seeking BC/BE physician to staff a busy, urban, full-service Emergency Department with the possibility of administrative advancement. Kaiser Permanente is a large pre-paid HMO offering competitive salary, job security, shareholder status, and generous benefits including health care, life insurance, disability insurance, sick leave, mortgage assistance, and educational leave. Please address all inquiries to David Witt, MD, Emergency Department, Kaiser Permanente Medical Center, 1200 El Camino Real, AD-WJM, South San Francisco, CA 94080-3299; or call (415) 742-2516. EOE.

**MARYSVILLE (YUBA CITY).** Primary care provider. Northern California primary care clinic with large Medi-Cal clientele. Three physicians, two physician assistants. No OB. No surgery. Near mountains, close to Sacramento, 2½ hours to Lake Tahoe and San Francisco. Salary \$86,113 plus. Please contact Ed Allen, 938 14th St, Marysville, CA 95901; or call (916) 741-6244.

**INTERNAL MEDICINE, NORTHERN CALIFORNIA.** You have a unique opportunity to join the area's leading multispecialty private medical practice. A position is available immediately for a BE/BC Internist. Subspecialties welcome to apply. Generous salary, bonus provision, fringe benefit package, and early membership in the corporation. Accept the challenge; become part of our competitive, growing organization. Experience the good life—wonderful restaurants, beautiful scenery, great weather, cultural facilities, easy access to beaches and mountains. Send CV and receive further information by contacting Maureen Forrester, Physician Recruitment, 45 S. 17th St, San Jose, CA 95112; (408) 282-7833, (408) 282-7757.

### PHYSICIANS WANTED



## PHYSICIANS NEEDED

The continuing growth of our service area population (now 90,000) has created an immediate need for additional BC/BE physicians in the following specialties:

- **NEUROLOGY.** Establish private practice with no investment, guaranteed income. Proficiency in EEG, EMG required.
- **GENERAL/THORACIC SURGERY.** Establish private practice in General and Thoracic Surgery (no open heart) with no investment, guaranteed income.
- **ONCOLOGY.** Establish private practice with no investment, guaranteed income. Some General Internal Medicine necessary initially.
- **ORTHOPEDIC SURGERY.** No investment, guaranteed income. Above average earning potential.
- **EMERGENCY MEDICINE.** Hospital position. BC/BE in Emergency Medicine, or equivalent combination of appropriate residency training and Emergency Medicine experience. California license required. Competitive remuneration, paid malpractice insurance, individual contract, flexible scheduling. CE allowance. Part-time for double coverage also available.
- **RADIOLOGY.** Hospital group position. Excellent salary and benefit package. Competency in ultrasound, CAT, Nuclear Medicine, film screen mammography, and general diagnosis required. MRI experience desired. Inpatient and outpatient. (California license is required.)

112-bed full service hospital, very well equipped. Excellent ancillary services. Our service area population is now 90,000; a growing area with new businesses and a stable economy.

Located in central California near Sequoia National Park, Tulare offers an excellent family oriented lifestyle and all expected amenities. Beautiful homes, close to hospital and office, are affordably priced. Good schools, many community activities, and abundant recreation including golf, tennis, skiing, mountain and equestrian activities. Easy access to all California's major metropolitan and resort areas.

Contact:  
**Tulare District Hospital  
Physician Recruiting Office  
PO Box 90112  
Los Angeles, CA 90009  
(800) 468-2687**



**RADIOLOGIST FOR SOUTHEASTERN UTAH.** Excellent practice opportunity to join second Radiologist. Primary service area of 30,000 people with 88-bed community hospital. Nuclear, CT, mammography, ultrasound, and radiography. Contact Milton Bauermeister, MD, Castleview Hospital, Price, UT 84501; (801) 637-4800, ext 280 or (801) 472-5403.

**MD, BC/BE** in Occupational Medicine, Internal Medicine, Family Practice, or ER to join established free-standing Occupational Medicine clinic. Attractive opportunity for growth. Competitive salary and benefits. Send CV to Manager, MBI Industrial Medicine, Inc, 2539 N. 35th Ave, Phoenix, AZ 85009.

**ORTHOPEDIC SURGEON.** BC Orthopedic Surgeon needed for office practice in beautiful southern California area. Full- or part-time, surgery optional. Excellent compensation package. Send CV to Ronald Gilbert, MD, c/o Gilbert Medical Group, 1076 E. First St, #A, Tustin, CA 92680; or call (714) 832-1516.

**SACRAMENTO, CALIFORNIA.** Two Occupational Medicine Physicians needed for urgent care clinics. Unique opportunity with no on-call or weekend hours. BE/BC in Occupational Medicine preferred but will consider Emergency Room, Internal Medicine, or Family Practice background. Compensation, benefits, and hours are negotiable. Positions are associated with an established multispecialist group. Excellent locale, affordable housing, quality support personnel, and equity position in the group is possible. Send CV to John Murphy, PHC Administration, 8110 Timberlake Way, Ste D, Sacramento, CA 95823.

(Continued on Page 221)



# YOUR SPECIALTY IS WORTH AN EXTRA \$8,000 A YEAR.



If you're a resident in any of the following specialties:

- anesthesiology
- orthopedic surgery
- general surgery
- neurosurgery
- colon rectal surgery
- cardiac-thoracic surgery
- pediatric surgery
- peripheral-vascular surgery
- plastic surgery

you could be eligible for an \$8,000 annual stipend in the Army Reserve's Specialized Training Assistance Program.

You'll also be using your skills in a variety of challenging settings, from major medical centers to field hospitals, and there are opportunities for conferences and continuing education.

We know your time is valuable, so we'll be flexible about the time you serve. Your immediate commitment could be as little as two weeks a year,

with a small added obligation later on. If you'd like to talk to an Army Reserve physician, or if you'd like more information about the stipend program or other medical opportunities, call our experienced Army Reserve Medical Counselor:

**REGIONAL DIRECTOR, LTC THOMAS C. DAMRON**  
(415) 922-8985/8986

**BE ALL YOU CAN BE.<sup>®</sup>**  
**ARMY RESERVE**

(Continued from Page 220)

**HEMATOLOGIST/ONCOLOGIST, CARDIOLOGIST FOR PUGET SOUND POSITION.** Multispecialty group practice. Please send CV with reply to Number 212, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**ONCOLOGIST/HEMATOLOGIST, BC/BE** to join busy established private practice in Los Angeles. First year guarantee with incentives. Position available fall, 1990. Please send CV to Number 213, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**ORTHOPEDIC SURGEONS, BC/BE** sought for expanding group in Sacramento. Currently seeking experienced hand/upper extremity, spine, and general Orthopedists. Excellent growth and compensation potential. Limited call schedule, flexible hours, med/legal evaluations. Send CV to Number 214, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**FAMILY PRACTICE OR INTERNAL MEDICINE.** Fantastic opportunity for the right physician! New 7,000 square foot multispecialty clinic opened in April 1989 has an opening for a fourth provider. Located in the beautiful southern California mountain lakeside resort community of Wofford Heights, California, an hour east of Bakersfield. Included is pharmacy, full lab and x-ray services. Salary in the \$80s, plus incentive bonus, plus inpatient revenue and excellent benefit package. No investment by the physician. Malpractice paid in full. This is a rare opportunity to combine a very attractive life-style and an excellent practice opportunity. We are seeking to contract for physicians now. Call George Johnston, (805) 845-3731 for details or write PO Box 457, Lamont, CA 93241.

**ENDOCRINOLOGIST/INTERNIST.** Seeking BC/BE to join busy consultative and primary care practice of Endocrinology and Diabetology in desirable San Francisco bay area location. Group model HMO setting offers opportunities for teaching and clinical research. Competitive starting salary commensurate with experience. Outstanding benefit package including vacation, educational leave; life, health, disability, and malpractice insurance; and excellent retirement plan. For more information, please respond with CV to J. Mason, MD, Permanente Medical Group, 260 International Cir, Department WJM, San Jose, CA 95119; or call (408) 972-6428. EOE.

**GENERAL INTERNAL MEDICINE—NEVADA, CALIFORNIA, TEXAS, LOUISIANA, FLORIDA!** Private practice opportunities available. For details, call Eloise Gusman, 1 (800) 535-7698 or send CV to PO Box 1685, Covington, LA 70434-1685.

## FAMILY PRACTITIONER GENERAL INTERNIST OTOLARYNGOLOGIST PEDIATRICIAN

Multispecialty group located in San Luis Obispo, California, seeks BC/BE physicians. Fringe benefits plus practice costs paid and shareholder status. Submit your CV to:

**Physician Recruitment**  
**San Luis Medical Clinic**  
**1235 Osos St**  
**San Luis Obispo, CA 93401**

**CENTRAL CALIFORNIA FAMILY PRACTICE/GENERAL PRACTICE.** We have an opening for a Family Practice Physician. Clinic is a 17,000 square foot primary care facility located near Bakersfield offering medical, dental, lab, x-ray, and pharmacy services. Excellent salary plus incentive, plus inpatient revenue and excellent benefit package. Call George Johnston (805) 845-3731 for details or write PO Box 457, Lamont, CA 93241.

**LOOKING FOR A PRIMARY CARE INTERNAL MEDICINE/GERIATRIC** position with challenging and appreciative patients, quality associates, tolerable schedules in an attractive community? Send CV to Julie A. Prazich, MD, Medical Director, Sharp Senior HealthCare, 3545 Fourth Ave, San Diego, CA 92103.

**SALT LAKE CITY.** Family Practice and Urgent Care. Excellent opportunity in southeast suburb. Patients from upper middle class. Practice is busy and growing rapidly. Excellent salary with partnership in one year. Send CV to Mark Anderson, MD, 580 E. 9400 South, Salt Lake City, Utah 84070; (801) 975-1600.

**PSYCHIATRIST FOR ROCKY MOUNTAIN CITY.** An impressive Rocky Mountain community in Montana seeks Psychiatrist for well managed mental health clinic. Opportunity to succeed the present medical director exists within the next two to three years. Position includes both inpatient and outpatient practice and program development. Community population is over 80,000 with two modern hospitals. Liberal financial package offered. For more information call Jacquelin Walker, 1 (800) 776-7330, or write E. G. Todd Associates, 8600 Farley, Ste 100, Overland Park, KS 66212.

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## PHYSICIANS WANTED



ASSOCIATED EMERGENCY PHYSICIANS, INC.  
Medical Group of Northern California  
1625 The Alameda, Suite 201  
San Jose, CA 95126

Experienced Emergency Physicians with ACLS/ATLS certification needed to staff moderate volume Emergency Department located in San Francisco.

- Excellent opportunity for highly-skilled, personable physicians interested in teaching house staff and providing quality Emergency Care.
- Established Emergency Physician group with 13 years experience.
- Excellent compensation. Malpractice paid.

Please contact: Nanette Peter, Recruitment Coordinator  
(408) 293-8881

**AMBULATORY CARE, HAYWARD AND MODESTO.** Thriving practices, attractive facilities. Competitive salary, profit-sharing, partnership, growth potential, paid malpractice. Contact Jane Dressler, California Emergency Physicians, 2101 Webster St, #1050, Oakland, CA 94612; (415) 835-7431. Outside of California, (800) 842-2619.

**WASHINGTON STATE.** 31 physician, multispecialty group is recruiting a BC/BE Family Physician for a 40-hour per week position in our clinic-based Immediate Care Center. Attractive salary and benefit package. No evening call or hospital commitment. Attractive farming and college community of 35,000 in southeastern Washington State. Inquiries and CV to Robert G. Caudill, MD, Walla Walla Clinic, 55 W. Tietan, Walla Walla, WA 99362; (509) 525-3720, ext 285.

**OCCUPATIONAL MEDICINE, SAN FRANCISCO BAY AREA.** Area's leading multispecialty private group practice is seeking BC/BE physician to join their expanding Department of Occupational Medicine. Range of practice includes pre-employment physicals, diagnostic evaluations, treatment of on-the-job injuries; comprehensive knowledge of all areas of Occupational Medicine. Competitive salary, plus incentive, excellent benefits, paid malpractice. Located in the South Bay which offers wonderful cultural/recreational activities, fine dining, outstanding climate and scenery, easy access to beach and mountains. For further information, please send CV or contact Maureen Forrester, San Jose Medical Group, Inc, 45 S. 17th St, San Jose, CA 95112.

**OCCUPATIONAL PHYSICIAN.** Major multispecialty group with large Occupational Medicine department is seeking a clinically oriented, BC/BE Occupational Medicine Physician or physician with other Board Certification and experience in Occupational Medicine. Please contact Dr Kim Fuller, Director, Occupational Medicine Dept, Sharp Rees-Stealy Medical Group, Inc, 2001 Fourth Ave, San Diego, CA 92101, or call (619) 699-1524.

**ALASKA.** A 10 physician multispecialty group in Anchorage is now seeking to add their second Neurologist. For more information send CV to Gordon Crawford, Manager, Professional Relations, Humana Inc, Dept. HH-8A, 500 W. Main St, Louisville, KY 40201-1438; or call toll-free 1 (800) 626-1590.

**ALASKA.** The only Vitro-Retinal specialist in Anchorage is now seeking an associate with similar skills. For more information send CV to Gordon Crawford, Manager, Professional Relations, Humana Inc, Dept. HH-8B, 500 W. Main St, Louisville, KY 40201-1438; or call toll-free 1 (800) 626-1590.

#### PHYSICIAN OPPORTUNITIES, NEVADA LAS VEGAS MEDICAL CENTERS

are seeking qualified Family Practice and Emergency Physicians for our busy multi-center, walk-in clinics. Flexible hours, generous benefits, starting salary over \$125K plus bonus and incentive programs. Excellent locations in exciting Las Vegas/Laughlin area, offer numerous recreational activities and the finest entertainment. Send CV to:

Physician Recruiter  
2061 East Sahara  
Las Vegas, NV 89104

**SUNNY TUCSON, INTERNAL MEDICINE.** Long established, large, multispecialty group seeks Internist BC/BE. Excellent benefits, opportunity to join partnership after one to two years. Send CV to Linda Hicklin, GHMA Medical Centers, PO Box 40550, Tucson, AZ 85717.

**UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CENTER.** The University of California, Davis, Department of Emergency Medicine is searching for physicians residency trained or BC in Emergency Medicine. The Health Science Campus is located in Sacramento and serves a large area of northern California. The Emergency Department cares for over 60,000 patients a year. The Center operates as a Level One Trauma Center, has paramedic base station training responsibilities, and has a helicopter service. An approved Emergency Medicine Residency Program began in July 1990. Emergency Physicians supervise medical students, interns, and residents, in addition to having direct patient responsibilities. Support for clinical research is available to those interested. University compensation is competitive, and fringe benefits include health and dental insurance, three weeks paid vacation, one week continuing medical education, social security, UC retirement plan, 12 paid holidays per year, and full malpractice coverage. Send CV to Robert W. Derlet, MD, Chief, Division of Emergency Medicine, University of California, Davis, Medical Center, 2315 Stockton Blvd, Sacramento, CA 95817.

**RADIOLOGIST—SAN FRANCISCO BAY AREA.** Growing outpatient imaging practice with CT/MRI. Salary leading to partnership. Send CV to Murray Solomon, MD, 450 Sutter St, Ste 835, San Francisco, CA 94108; (415) 296-8654.

## PHYSICIANS WANTED

## EXCELLENT FAMILY PRACTICE OPPORTUNITY

ROCKWOOD CLINIC, P.S.—a network of Family Practice clinics (main building and six satellites) seeks BE/BC Family Practitioners to join these busy independent practices offering the full range of inpatient/outpatient services, including obstetrics. ADVANTAGES INCLUDE:

- Join the largest department within this multispecialty group (15 Family Practitioners)
- Immediate in-house specialty consultation
- Well trained administrative support to assist in business matters, while allowing autonomy regarding the decisions of your practice
- Attractive benefit package includes excellent salary leading to early shareholder status

SPOKANE, WASHINGTON (metropolitan population 350,000) offers very affordable housing, unlimited year-round recreation, excellent schools, and numerous cultural organizations.

## CONTACT:

Colleen Mooney  
Recruitment Coordinator  
Rockwood Clinic  
E. 400 Fifth Ave  
Spokane, WA 99202  
(509) 838-2531

**WYOMING—EMERGENCY MEDICINE.** Position available for experienced Emergency Physician (prefer BC/BE in Emergency Medicine) in Rock Springs, Wyoming. Annual ED census 15,000 plus. Excellent occurrence malpractice insurance. Excellent medical and nursing staff. Contact High Desert Emergency Physicians, PC, PO Box 2452, Rock Springs, WY 82902; or T. Michael Mains, MD, at (307) 362-3711.

**INTERNIST—PACIFIC NORTHWEST.** Excellent opportunity for BC/BE Internist to join group of five Internists in suburban Idaho community. Near urban referral center with good subspecialty backup. Also near superb hunting, fishing, camping, and skiing. Please call or refer résumé to Susan Davis, Administrator, Caldwell Internal Medicine Professional Association, 222 E. Elm, Caldwell, ID 83605; 1 (208) 459-4667.

**CALIFORNIA, MONTEREY BAY.** Full-/part-time positions available with Monterey Bay's largest and most successful Urgent Care network. Generous guarantee, incentive plan, and benefit package. Malpractice covered. Practice in California's most beautiful coastal recreational area. BC/BE Emergency Room Medicine or Family Practice specialists preferred. Contact Bob Morris, MD, FACEP, Doctors on Duty Medical Clinics, 223 Mt Hermon Rd, Scotts Valley, CA 95066; (408) 438-9341.

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**PHYSICIANS WANTED**

**DOWNEY, LOS ANGELES COUNTY.** Family Practitioner or General Internist. Immediate full-time opening for a primary care physician to a new Neurology/Stroke rehabilitation inpatient unit with ambulatory care population. Regular hours without nighttime or weekend call. Rancho Los Amigos Medical is a Los Angeles County hospital and a teaching hospital affiliated with the University of Southern California. Good opportunity for teaching and/or research. California license required. Rancho Los Amigos is an affirmative action equal opportunity employer. Interested individuals should send CV to Milton Fort, MD, Rancho Los Amigos Medical Center, Neuro/Stroke Service, Rm 7, 700 Annex, 7601 E. Imperial Hwy, Downey, CA 90242.

**FAMILY PRACTITIONER** to join three BC Family Practitioners in busy single specialty group offering excellent income and benefits package. Enjoy partnership in this successful group after one year without buy-in. Community just outside St. Cloud, Minnesota, offers extraordinary quality of life with beautiful parks, rivers and lakes, progressive schools, and a clean, friendly environment. Universities, shopping, dining, and other big city amenities available just one-half hour away. Send CV or call Bryan Bassett, Jackson and Coker, 115 Perimeter Center Pl, Ste WJMO, Atlanta, GA 30346; 1 (800) 544-1987.

**LOS ANGELES.** Small multispecialty group seeks second Pediatrician and OB/GYN to work with present physicians. Excellent compensation and benefits. Looking for long term partners. Call or send CV to Craig Kaner, All Care Medical Group, 2675 E. Slauson Ave, Huntington Park, CA 90255; (213) 589-6681.

**PHYSICIANS WANTED****OB/GYN  
(Flexible Hours)  
BAY AREA**

Opening for general OB/GYN BC/BE to provide coverage and regular OB for high risk group based at prestigious hospital. Gynecology experience can be arranged if desired. Excellent support services. 40 hours per week with flexible/concentrated scheduling. Could be suitable for commuters from other parts of California. Call:

**Anders Karlman, Karlman Associates  
1 (800) 634-3561**

**A GROWING RURAL COMMUNITY** of 40,000 has openings for two General Surgeons to join a busy practice. Located in eastern New Mexico, Clovis boasts a 100-bed hospital. Salary first year; potential partnership in practice with a Urologist, a Vascular Surgeon, and two General Surgeons. If interested, please send your CV to Bill Norris, Southwest Community Health Services, Physician Recruitment, PO Box 26666, Albuquerque, NM 87125.

**LAKE ARROWHEAD, CALIFORNIA.** Immediate openings for Emergency Physicians to staff low volume emergency department in wonderful location. Directorship also available. Guaranteed \$115,000 per year. Directorship \$130,000 per year; paid malpractice. Contact Richard Gillespie, MD, Quantum Emergency Medical Associates, PO Box 2467, Santa Rosa, CA 95405; (707) 546-4199.

**PEDIATRICIAN BC/BE** for hospital-based teaching practice. Interest and training in Neonatology and Critical Care Pediatrics preferred. Join three full-time Pediatricians, two full-time Neonatologists, and one full-time Pediatric Surgeon in hospital with Community Level NICU and busy inpatient and outpatient services. Paid malpractice. Salary negotiable based on training and experience. Submit CV and references to Patricia A. Dixon, MD, Director, Pediatrics/Neonatal Services, San Joaquin General Hospital, PO Box 1020, Stockton, CA 95201; (209) 468-6600. AA/EOE.

**MEDICAL DIRECTOR.** For 173-bed regional medical center in New Mexico city of 50,000 plus. Recent consolidation of two established hospitals has created need for medical director with 10 years minimum in practice. Relevant directorship experience desirable. Responsibilities will include physician recruitment, medical staff leadership and direction, planning, and monitoring of clinical and professional performance of physicians. Opportunity for limited private practice. Salary and benefits commensurate with qualifications. Please respond to James D'Agostino, Executive Director, Eastern New Mexico Medical Center, 405 W. Country Club Rd, Roswell, NM 88201; (505) 622-8170.

**DENVER PSYCHIATRIST.** Innovative team working with older adults. Med. evaluations, consultations, some supervision. \$100K, plus benefits for full-time. Part-time also available. National Institute for Behavior Change, (303) 296-2244. Ask for Lois Munson.

**ENDOCRINOLOGIST, SANTA FE, NEW MEXICO** needed to join flourishing private practice. Contact Robert M. Bernstein, MD, at 1533-B St Francis Dr, Santa Fe, NM 87501.

## THE PERMANENTE MEDICAL GROUP NORTHERN CALIFORNIA

**QUALITY****STABILITY****LEADERSHIP****GROWTH****SUPPORT****REWARDS**

The Permanente Medical Group, the largest multispecialty group practice in the U.S., is undergoing explosive growth in its Northern California region: the San Francisco Bay Area, Sacramento and the Central Valley. Our rapid increase in membership has created practice opportunities throughout the region.

Our physician-managed group is part of the comprehensive Kaiser Permanente Medical Care Program. As a TPMG physician, you have access to the latest medical technology and resources, the support of colleagues in all subspecialties — and the opportunity to provide excellent health care without the burdens of managing a practice.

TPMG offers many benefits: scheduled time off with cross-coverage provided by your colleagues, continuing education, malpractice insurance, a substantial retirement program and special arrangements for physicians transferring from established practice. For complete information, call or send CV to: The Permanente Medical Group, Inc., Richmond Prescott, M.D., Physician Recruitment Services, Dept. WJM-7153, 1814 Franklin, 4th Floor, Oakland, CA 94612. (800) 777-4912. EOE



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**PHYSICIANS WANTED**

As one of the nation's oldest and largest managed health care companies, CIGNA Healthplan understands the environment and resources physicians need to practice quality medicine. Currently we have the following opportunities available:

**PHYSICIAN ADMINISTRATOR**

You will maintain an active clinical practice with a proportion of time dedicated to leadership and management of physician and support staff. Qualifications must include Board Certification in a clinical specialty and prior management experience.

**OBSTETRICIAN/  
GYNECOLOGISTS**

Part-time, flexible schedules as well as full-time positions are available in Los Angeles and Orange counties.

**PRIMARY AND  
SPECIALTY CARE**

A variety of opportunities are available at our 30 health care centers throughout southern California.

We offer a highly competitive compensation and benefits package, malpractice insurance, and continuing medical education. To hear more about CIGNA Healthplan:

Call collect (818) 500-6236 or send CV to:  
**Professional Recruitment Dept.**

**CIGNA Healthplans of CA**  
505 N. Brand Blvd, Ste 400-49  
Glendale, CA 91203

**PSYCHIATRISTS** needed for six new California facilities. \$100K—paid malpractice. Older MDs are invited to apply. Please send CV to Number 215, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**GENERAL SURGEON ON TRAUMA SERVICE.** The University of California, San Francisco is seeking an academically oriented General Surgeon, at the Assistant Professor level, to be based at San Francisco General Hospital. Candidate must have particular interest in trauma and critical care, and should be eligible or certified in surgical critical care, with at least one year of experience in caring for critically ill surgical patients. Candidate must also have had extensive clinical training in clinical trauma care during residency, or have taken a trauma fellowship. Additionally, basic research experience in molecular biology is desired, and research experience or demonstrated productivity in some area is essential. Responsibilities will include work in the Intensive Care Unit, Trauma Service, and General Surgery Clinics. Interested individuals should submit CV to Frank Lewis, MD, Chief of Surgery, San Francisco General Hospital, Box 0807, San Francisco, CA 94143-0807. The University of California, San Francisco, is an Affirmative Action/Equal Opportunity Employer. Women and minorities are encouraged to apply.

**NORTHERN CALIFORNIA.** Immediate openings for Emergency, Family Practice, and General Internal Medicine physicians who desire to work in the wine country north of San Francisco. Positions available in moderate volume emergency departments and ambulatory care center. A unique opportunity is also available for Family Practice and Internal Medicine physicians who desire to practice Inpatient Medicine without the hassles of an office practice. Guaranteed \$90-\$110,000 per year; paid malpractice. Contact Richard Gillespie, MD, Quantum Emergency Medical Associates, PO Box 2467, Santa Rosa, CA 95405; (707) 546-4199.

**PHYSICIANS WANTED**

**SOUTHWEST MEDICAL ASSOCIATES, SM**  
A Division of South Health Services

**LAS VEGAS**

Our 60 physician multispecialty group seeks additional Family Practice, Internal Medicine, Urgent Care, Ambulatory Care, and Gastroenterology physicians. Practice in America's Vacationland—mountain sports, water sports, world class entertainment, ideal climate. Enjoy affordable housing, no state income tax, excellent schools/colleges. High starting salaries, plus incentive bonuses, no investment required. Benefits include malpractice insurance, paid vacation, relocation expenses, health and life insurance, retirement program, early shareholder status, continuing medical education, dues, subscriptions, etc. Call less than one day in seven. Top tertiary hospital. Teaching, research, and administration opportunities also available.

If interested, call me at (702) 877-8638 or send your CV to:

**Jerry Reeves, MD, President, Southwest Medical Associates**  
PO Box 15645, Las Vegas, NV 89114

**EUGENE CLINIC, EUGENE, OREGON**

Dynamic 55 physician multispecialty group with seven locations seeks BC/BE physicians in the following specialties: Family Practice, Geriatrics, Occupational Medicine, Orthopedics, Psychiatry, Urgency Care, Urology. Eugene, attractive university town within 60 mile radius of Cascade Mountains and Oregon coast, offers superlative life-style, fine school system, active and varied cultural opportunities, and unlimited recreation. Qualified candidates send CV and three letters of reference to:

**Physician Recruiter**  
1162 Willamette St  
Eugene, OR 97401

**BC/BE CARDIOLOGIST** full-time hospital based practice. Invasive privileges available. Central San Mateo County. Send CV to Associated Medical Specialists, c/o Dr Allen Lapin, 222 W. 39th Ave, San Mateo, CA 94403.

**OPPORTUNITY** for full- and part-time Emergency Physicians. Excellent fee-per-patient load ratio. Malpractice paid. Also, Emergency Department/Family Practice positions for urgent care/industrial center. Send CV to Front Line Community Physicians, PO Box 10610, Santa Ana, CA 92711, or contact Medical Director at (714) 771-3290.

**CALIFORNIA.** Excellent opportunity for BC/BE Gastroenterologist to join large, established multispecialty group in Santa Monica. Attractive salary with benefits package, paid malpractice insurance, and eventual partnership. Please send CV to Mr Joel Prell, CEO, 1260 15th St, Ste #1501, Santa Monica, CA 90404.

**CENTRAL CALIFORNIA.** Hospital based teaching opportunity for OB/GYN in a new Residency Program at the KMC. Ideal candidate is a team player with a strong desire to teach residents. This UCLA affiliate has a busy OB department with 5,000 deliveries per year. Please contact Mary Letterii, Vice President, Physicians Search Group, 120 Montgomery St, Ste 710, San Francisco, CA 94104; (415) 399-8840.

**SOUTHERN CALIFORNIA.** Young Family Practitioner with dynamic practice seeking associate for future partnership. Generous salary/guarantee and incentives package. New medical office near outstanding 300-bed community hospital. Growing community within one hour of beaches and mountains. Ken Baker, PSG, 120 Montgomery St, Ste 710, San Francisco, CA 94104; (415) 399-8840.

**23 PHYSICIAN GROUP PRACTICE.** Recent population growth and demand have created the need for several specialists including OB/GYN, Neurology, ENT, Cardiology, and Pediatrics in this 23 physician group practice. Situated 60 miles east of San Francisco, the group serves a local population of 35,000. Nearby skiing and boating, reasonable housing, and an excellent school system. Please contact Mary Letterii, Vice President, Physicians Search Group, 120 Montgomery St, Ste 710, San Francisco, CA 94104; (415) 399-8840.



**KAISER PERMANENTE**

*Good People. Good Medicine.*

**NORTHERN CALIFORNIA**

Several positions available for Family Practice, Internal Medicine, and most medical subspecialties. We are a young, aggressive group in a well known prepaid group practice HMO organization with excellent benefits and a very reasonable call schedule. You will have a rewarding practice opportunity with ample time to enjoy the mountains and San Francisco which are nearby. If interested please call or send CV to Physician Recruitment, Administration, The Permanente Medical Group, Inc, 1305 Tommydon St, Stockton, CA 95210; (209) 476-3300.

**CALIFORNIA—SAN JOSE.** Director wanted for hospital-based Walk-In Clinic with 30,000 annual visits. Applicants should have prior administrative experience and be BC/BE in a primary care specialty. Excellent compensation including fee-for-service, administrative compensation, and performance bonus. Please reply to Nanette Peter, Associated Emergency Physicians, Inc, 1625 The Alameda, Ste 201, San Jose, CA 95126; (408) 293-8881.

**BC/BE PEDIATRICIAN WANTED** for semi-rural community 25 miles south of San Francisco to associate with five member Family Practice group. Send inquiry with CV to Lawrence Bruguera, MD, Coastside Medical Clinic, 225 S. Cabrillo Hwy, Ste 100-A, Half Moon Bay, CA 94019; (415) 726-0211.

**COASTSIDE MEDICAL CLINIC.** BC/BE Family Practitioner wanted for semi-rural community only 25 miles south of San Francisco with five member Family Practice group. Send inquiry and CV to Lawrence Bruguera, MD, 225 S. Cabrillo Hwy, Ste 100-A, Half Moon Bay, CA 94019; (415) 726-0211.

**GENERAL ORTHOPAEDIC SURGEON.** Position for a BC/BE Orthopaedic Surgeon with a multispecialty 54 physician group practice. Experience must include partial and complete joint replacement. Join a practice with an established growth pattern in community of 120,000 plus, 40 minutes from downtown Sacramento. Marysville Medical Group was founded in 1938 and is the largest private practice group in rural northern California owned and governed by its own physicians. Send CV to Warren J. Boyer, MD, Medical Director, Marysville Medical Group, 800 Third St, Marysville, CA 95901.

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### AMERICAN COLLEGE OF PHYSICIANS ASSOCIATE EXECUTIVE VICE PRESIDENT HEALTH AND PUBLIC POLICY

The American College of Physicians invites nominations and applications for position of Associate Executive Vice President, Health and Public Policy.

Candidates shall have an MD degree and extensive experience in medicine, research, and public policy. Specialization in Internal Medicine is preferred but not mandatory. Skills in management and administration are essential. Position requires the identification, implementation, and representation of public, scientific, and health policy positions, programs, and research activities taken by the College. Individual will serve as a staff officer of the College, reporting directly to the Executive Vice President and responsible for staff support to the College's Health and Public Policy committees and subcommittees. Deadline for applications is September 14, 1990. Appointment anticipated to begin as early as January 1991. Send detailed CV to:

**American College of Physicians**  
Independence Mall West  
Sixth Street at Race  
Philadelphia, PA 19106-1572  
Attn: AEVP/HPP Search Committee



**BC RADIOLOGIST.** Position with a multispecialty 54 physician group practice—no hospital. Expertise in conventional diagnostic radiology, ultrasound, mammography, nuclear medicine, CAT, and uro-radiology. Three Radiologists, with a staff of 14, do approximately 55,000 procedures annually. Marysville Medical Group was founded in 1938 and is the largest private practice group in rural northern California owned and governed by its own physicians. Send CV to Warren J. Boyer, MD, Medical Director, Marysville Medical Group, 800 Third St, Marysville, CA 95901.

**GASTROENTEROLOGIST.** Position for a BC/BE gastroenterologist with a multispecialty 54 physician group practice. Certified endoscopy unit and complete in-house radiology and nuclear medicine. Join a practice with an established growth pattern in community of 120,000 plus. Marysville Medical Group was founded in 1938 and is the largest private practice group in rural northern California owned and governed by its own physicians. Send CV to Warren J. Boyer, MD, Medical Director, Marysville Medical Group, 800 Third St, Marysville, CA 95901.

**OB/GYN—BC/BE.** Position with a multispecialty 54 physician group practice. Join five BC OB/GYN physicians in a practice with an established growth pattern in community of 120,000 plus. Marysville Medical Group was founded in 1938 and is the largest private practice group in rural northern California, owned and governed by its own physicians. Send CV to Warren J. Boyer, MD, Medical Director, Marysville Medical Group, 800 Third St, Marysville, CA 95901.

**EXCELLENT OPPORTUNITY** for energetic, personable Internist, BC/BE, to assume established practice in eight physician Internal Medicine group in family oriented residential community on San Francisco Bay. Convenient to community hospital; opportunity for teaching appointment. Practice includes EKG reading and once weekly night call plus rapid advancement to full partnership and above average remuneration. Contact Barbara Schneider, Manager, Alameda Medical Group, 501 South Shore Center W, Alameda, CA 94501; (415) 521-2025.

**CALIFORNIA, NORTHERN.** A stable group of four ABEM certified/eligible MDs at coastal hospital of 24,000 patient visits would like two new associates. Income \$60-\$75 per hour. Will consider Family Practice but prefer Emergency Department trained Emergency Physician. Coastal paradise near redwood national parks, minutes from Klamath, Rogue, and Smith Rivers. Video tape of area available. Send CV to EPMG, 120 Montgomery St, Ste 1000, San Francisco, CA 94104.

### ATTENTION PHYSICIANS

FHFA IS RECRUITING FOR :

- MEDICAL DIRECTOR
- OB / GYN
- FAMILY PRACTICE
- INTERNAL MEDICINE
- PEDIATRICS

We Offer :

Competitive Salaries  
Malpractice Coverage  
21 Personal Days Off With Pay  
10.5 Paid Holidays  
5 Paid Days For C.M.E., Including Allowance For  
Related Conferences or Seminars  
Medical, Dental, Vision Care, Disability And  
Life Insurance  
Eligible to participate in tax deferred savings plan

FHFA is a network of five community health care clinics that provide a broad range of services.

Our Clinics are located in San Jose with exceptional cultural / recreational activities.

For more information call  
(408) 262-7944 ext. 233 or write to:

Bertha Rodriguez, MPH  
FHFA  
P.O. Box 30051  
San Jose, CA 95156-9985

### OCCUPATIONAL MEDICINE PHYSICIANS SANDIA NATIONAL LABORATORIES

Sandia National Laboratories is a research and development laboratory with principal sites in Albuquerque, New Mexico, and Livermore, California. The Laboratories' medical organizations provide a wide variety of services to their employees, including occupational health care, emergency care, and health promotion activities. Full-time physicians BC/BE are being sought for both locations. Experience in an Occupational Medicine setting is desirable. Salary is commensurate with experience and includes a competitive fringe benefit package.

#### Albuquerque, New Mexico

The Albuquerque area employs 7,500 employees. The medical organization is staffed by five physicians as well as administrative and support personnel. The department is seeking two full-time physicians BC/BE in Preventive Medicine or primary care specialty. Experience in occupational settings and an interest in preventive health care and emergency preparedness is desirable. Physicians will be asked to interact on a regular basis with administrative staff in areas of sickness absence and workers' compensation and with counseling staff for problems associated with psychiatric disorders and chemical dependency. Any interested physicians should send a résumé and three professional references to **Shannon Lytle, Staff Recruiting Coordinator, Division 3531-35, Sandia National Laboratories, PO Box 5800, Albuquerque, NM 87185.**

#### Livermore, California

The Livermore site employs 1,040 employees. The medical functions reside within the Employee Services Division. A full-time occupational physician with primary care background is required to perform the functions of staff physician, oversee operation of the medical clinic (three nurses and one receptionist), and provide professional medical expertise to management and staff as needed. The abilities to supervise clinic nursing and clerical staff and to work with administrative staff in the areas of workers' compensation and health promotion, and with counseling staff on problems of psychiatric disorders and chemical dependency, are required. Any interested physician should send a résumé and three professional references to **Jim Argyle, Staff Recruiting Coordinator, Division 8522-35, Sandia National Laboratories, PO Box 969, Livermore, CA 94551.**

**GERIATRICIAN/INTERNIST.** We are seeking a BC Internist with Geriatric training or certification to join a group of two to practice Geriatric Medicine, actively participate in a university affiliated teaching program, and assist in program development. Competitive salary and excellent fringe benefits. Send CV to Gary Steinke, MD, Santa Clara Valley Medical Center, 750 S. Bascom Ave, San Jose, CA 95128.

**PATHOLOGY RESEARCHER (PEDIATRICS).** Conduct research regarding hemoglobin levels in children for CHDP (Child Health and Disability Prevention Program) in two areas (1) Hemoglobin and hematocrit levels based on age, environment, nutritional etc. data. (2) Study cholesterol levels in children with emphasis on parental cholesterol levels, history of diabetes, etc. No treatment of patient involved. Write reports. Rotate work schedule between employer's three local offices. Two years experience, 40 hours per week, \$101,650 per year. MD Pathology (Pediatrics) degree required. Job site/interview: Glendale, California. Send this ad and your résumé to: **JOB # NOF 623, PO Box 9560, Sacramento, CA 95823-0560, no later than September 8, 1990.**

**INTERNIST,** specialist in Pain Management with 10 years experience as director of large Pain Clinic, wishes to relocate. Reply to Number 216, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, NURSE MIDWIVES.** We provide the right mid-level professional for your clinical setting. Western Practitioner Resources, Heidi Bourne, RN, Director. (800) 345-5859 or (707) 839-5859.

### FOR SALE

Nice Family Practice in quaint, attractive building in Redding. Near hospitals, bus, lab and x-ray. Two outpatient surgery rooms with overhead lights. Fireplace, stained glass, high ceiling, and lots of wood lend special atmosphere. Quality clientele. Illness forces sale. Call 9 to 12 or 2 to 5, (916) 246-2606 for more information.

**FAMILY PRACTICE, BERKELEY, CALIFORNIA.** Growing established practice in beautiful San Francisco bay area shared with one associate. Modest buy-in. (415) 843-4544.

**ALLERGY—CLINICAL IMMUNOLOGY.** Retiring by year's end. Established 40 years. Skin and original blood tests for solving clinical failures both non and immune cases due to food, liquids, oils, dyes, chemicals, medication, vitamins, inhalants, pollen, etc. Many cases are headaches, joint pain, skin, asthma, depression. Diabetics reduce blood sugar about one half, even lupus and M.S. regress. Trained staff. Total price is equal to equipment. Also have been teaching course one or two weeks. 233-D, 550 W. Thomas Rd, Phoenix, AZ 85013.

### DON'T FORGET!

The deadline for submitting classifieds for the October issue of WJM is August 27. Send your advertisement to:

**Classified Advertising**  
**WJM, PO Box 7602**  
**San Francisco, CA 94120-7602**

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**PRACTICES AVAILABLE**

**INTERNAL MEDICINE**—San Diego City, high development area. Gross \$160,000. Low overhead with high net cash flow. Contact Practice Consultants. (619) 528-2321, Dr Bernard Press, Broker.

**SAN DIEGO COUNTY.** Cardiology, Internal, OB/GYN and Pediatric practices available. Long established—doctors retiring. Various prices and low down payments. Call CBI, San Diego County's professional practice sales specialists, (619) 283-7009.

**SAN FRANCISCO BAY AREA.** Pain management practice. Excellent staff and administration. Opportunity for Internist, Psychiatrist, Family Practitioner, Neurologist, or partnership interested in pain or psychosomatic medicine. Reply to Number 208, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**PHYSICIAN OPENING.** Small suite to be vacated soon. Building has adjacent physician, specialist, dentist. Great place for young practice. Red Bluff, California; (916) 527-2877.

**OB/GYN NORTH HOLLYWOOD**—High gross, low overhead, all private patient. Twenty-five year practice. Will refer all OB and major GYN now. To retire December 1991. Room to start now. Call Sandy (805) 524-1013. Nurse will stay.

**NORTHERN AND CENTRAL CALIFORNIA.** Established practices available: Dermatology, ENT, Family, Internal Medicine, GYN, Ophthalmology, Pediatrics, Personal Injury, Plastic Surgery, Urology. Reasonable terms and prices. Call/write Bradshaw Associates, 21 Altamont, Orinda, CA 94563; (415) 376-0762, FAX (415) 376-0813.

**HAYWARD.** Fully equipped office for sale or rent to Internist or Pulmonologist. Must agree to continue therapy which has always relieved asthma and COPD during past 30 years. Contact J. J. Robbins, MD, 1634 B St, Hayward, CA 94541; or (415) 581-3451.

**OFFICE SPACE**

**GROWTH AREA OF SANTA CLARA VALLEY.** New medical office space for lease in the growth area of Silicon Valley, Morgan Hill, California. Easy access, abundant parking, well located, generous tenant improvement allowances. Excellent patient referral sources. Contact Dr Jon Hatakeyama, (408) 779-7391.

## ATTENTION WJM CLASSIFIED ADVERTISERS

The phone extension for  
WJM classified advertising  
has been changed to  
**476.**

The complete number for  
Classifieds is now  
(415) 541-0900, ext 476.

**MEETINGS****ANNOUNCEMENT**

**The Contemporary Treatment of Myocardial Ischemia.** October 18-20, 1990. Santa Fe, New Mexico. Fees: \$365 for ACC Members; \$430 for non-members. 16.5 Category 1 credit hours. For information, call American College of Cardiology (800) 253-4636, in Maryland (301) 897-5400, ext 228.

**LOCUM TENENS****WESTERN PHYSICIANS REGISTRY**

Locum Tenens Service  
Permanent Placement

Since 1980, WPR has served the needs of California's physicians. When someone needs coverage or ongoing, part-time help, we find the right physician. When a practice must expand, we find a permanent associate. We pride ourselves on our discretion, our very personal service matching the right person with the right job. We work only in California, concentrating our efforts where we know our market. Our clients include private practices, HMOs, urgent care centers, emergency departments, multispecialty groups, and community clinics.

**Northern California**

Jim Ellis, Director

(415) 673-7676 or (800) 437-7676

**Southern California**

Tracy Zweig, Director

(805) 643-9346 or (800) 635-3175

**LOCUM TENENS****LOCUM TENENS**

*“Quality coverage  
by proven professionals”*

## INTERIM *Physicians* NETWORK



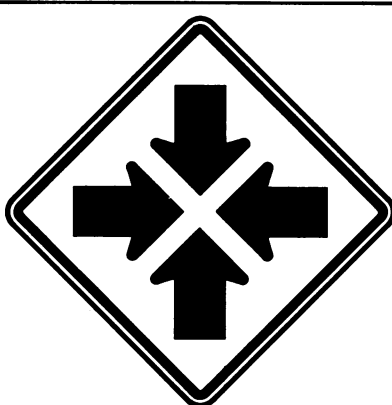
Six regional offices  
West of the Mississippi:

New Braunfels, Texas  
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